

# Eagan Lacrosse - Liability Waiver & Official Roster Form

In consideration of participating in the Eagan Youth Lacrosse Wildcat Face-Off Tournament, the player named below and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge the Eagan Youth Lacrosse Association, their officers, staff, administrators, volunteers, sponsors and representatives and assigns, for and against all claims, actions, causes of actions, suits, judgments, and demands whatsoever arising directly or indirectly in connection with the player's participation in the Eagan Youth Lacrosse Wildcat Face-Off Tournament. I/we being the legal guardians of the applicant authorize the staff of the Eagan Lacrosse Wildcat Face-Off and its agent's permission to request treatment to ensure the well-being of our dependent. I certify that he/she is in good health and able to participate in the scheduled games. If necessary, I am attaching a note explaining any physical limitations and/or required medical attention that is necessary for my child. By signing below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.



PLAYER NAME	DOB M/D/Yr	Parent/Guardian Name	Parent/Guardian Signature	Jersey #
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## TEAM MANAGER AFFIDAVIT

I, the manager of the above team, do hereby state that all of the information supplied above is correct to the best of my knowledge and that all parents or guardians signed the above in their own handwriting. I further agree that each player carries a valid US Lacrosse number and is eligible to compete in accordance with the 2013 YLM Rules of Play.

MANAGER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MANAGER'S EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_