

## Registration

TeamContact: \_\_\_\_\_ TeamName: \_\_\_\_\_

Each Player or Parent/Guardian **must** complete and sign this form:

Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Years Playing: \_\_\_\_\_ Position Played: \_\_\_\_\_

### Insurance Information:

Company: \_\_\_\_\_ Policy

Number: \_\_\_\_\_

Any Health conditions or previous injuries? \_\_\_\_\_

Doctors

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **PLEASE READ THE FOLLOWING AND SIGN BELOW:**

I assume all risks and hazards incidental to the conduct of the activities and do further release, absolve, indemnify, and hold harmless the organizers (CroART Inc.), sponsors, coaches, refs, and supervisors of The CroART Lacrosse League. In the case of injury I **waive** any claims against those named above and anyone appointed by them.

I understand that the activity I am participating in is a physical, high-risk sport and that I am participating in this league at my own risk with full knowledge of the dangers associated with participation. I understand no refund of fee will be allowed in case of dismissal for disciplinary reasons. I also understand that **NO DRUGS OR ALCOHOL** will be brought onto, consumed on, the premises of Charlestown High or the Moakley Park PLAYING FIELDS. The organizers reserve the right to suspend or expel any participant who violates these rules, or whose behavior or style of play is considered unsportsmanlike, uncontrolled, or at risk to other players.

I have read the above paragraph and understand it fully. I assume all risk of injury. The release is signed on my own free act.

Player or Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



