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|  | **Chaos Lacrosse Player Registration/Waiver** |

**CONTACT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Player Full Name: |  | DOB |  |
| Address |  | Grade |  |
| City |  | ZIP |  |
| Player Cell |  | | |
| Player Email |  | | |
| Mother Name |  | Mother Cell |  |
| Mother Email |  | | | |
| Father Name |  | Father Cell |  |
| Father Email |  | | | |

**HEALTH INFORMATION**

|  |  |
| --- | --- |
| Pre-existing conditions that may affect play |  |
|  | |
| Allergies |  |
|  | |

**SPORT INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| US Lacrosse Number |  | Expiration |  | Graduation Year |  |

|  |  |
| --- | --- |
| Uniform Sizes (S/M/L/XL) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Primary Practice location | North |  | South |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| I play for my school’s team: | | Yes |  | No |  | School |  |
| Position(s) |  | | | | | | |

**Sports Photography Permission**

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| --- |
| I give permission to use any pictures taken of myself, my child, my spouse or family member for future advertisement purposes from any and all activities participated. **Initials: \_\_\_\_\_\_** |

**Liability Waiver**

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| I realize that lacrosse is a sport that involves aggressive play and physical contact, both of which can result in serious injury. Moreover, even with headgear, lacrosse players are susceptible to head and/or neck injuries. I understand the inherent risk involved and I hereby do assume all risks included in my child’s participation in such activities. I agree to allow my child to be treated by the staff or qualified individual and be transported to the hospital in the event of an injury or emergency. In addition, I assume all risks from the participation of myself or my child in this sport, and will hold harmless Chaos Girls Travel Program, The City of Cooper City and its Parks and Recreation Department, Broward County Public Schools, Miami-Dade County, The Village of Palmetto Bay, Coral Reef Park, Tamarind Park, Bill Lips Park, Bamford Park and the Town of Davie, City of Weston, its affiliated staff, team staff, or players of any liability, actions, causes of actions, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participation in any of its activities. By signing this waiver you verify that you agree to the disclaimer written above, you are over 18 years old and are the parent or legal guardian of the player you are registering. |

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| --- | --- | --- | --- | --- |
| **Parent's/Guardian's Signature** | |  | | |
| **Print Name** |  | | **Date** |  |