

TripleEDGE 2008 ICE BREAKER Tournament

Player's Last Name	First:	MI	DOB	Age	Grade
Home Street Address			City	State	ZIP Code
Parent/Guardian:	Home Phone	Work Phone		Cell Phone	
Primary Email Address <i>(All future email correspondence will be sent to this address.)</i>			Team Mate/Carpool Request		

Name of Spring Youth Program _____

Divisions Based on AGE as of Dec 31 2007

U15A
 U-13B
 U-11 A

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS—READ BEFORE SIGNING—MUST BE SIGNED

In consideration of my (player's name): _____ minor child/ward being allowed to participate in any way in the TripleEDGE program related events and activities the undersigned acknowledges, appreciates, and agrees that: 1) The risk of injury to child/ward from activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and, 2) FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's/ward's participation; and 3) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such attention of the nearest official immediately; and, 4) I, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE sponsors, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. 5) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I certify that my child is in satisfactory health to participate in these activities. I hereby authorize the management of TripleEDGE Lacrosse to obtain emergency medical care for my child for injuries or illness that might occur during this program. I further direct all medical/hospital facilities to accept this document as authorization to render essential care deemed medically necessary in the event I am unable to be immediately contacted. I/We have read the above waiver and release, understand that I/we have given up substantial rights by submitting this form and do so voluntarily.

Health Insurance Company: _____ **Policy or ID #:** _____

EMERGENCY POC: _____ **Relationship:** _____ **Phone number:** _____

MUST SIGN Parent/Guardian Signature: _____ **Date Signed** _____