

# 2018 Lebanon Valley Lacrosse Club

## Fall Tryout Registration Form

Tryouts will be held on September 9<sup>th</sup>, 2018 1:00PM - 2:30PM at Lebanon Valley College

\$20.00 cost for the tryout

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Parents Cell Phone # \_\_\_\_\_ Players Cell Phone # \_\_\_\_\_

Parents' Email \_\_\_\_\_ Player's Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

### Age Group

\_\_\_\_\_ HS (Currently in 9th - 12th Grade)

Position \_\_\_\_\_ US Lacrosse # \_\_\_\_\_ Expiration Date \_\_\_\_\_

All players will be required to be members of US Lacrosse to participate and try out for the team. If a player is not a US Lacrosse member, a US Lacrosse registration form can be downloaded from the website - [www.lacrosse.org](http://www.lacrosse.org)

### Fall Information

The LVLC fall program will consist of 8 practices at Lebanon Valley College and 2 tournaments. The cost for the fall program is \$400.00 plus tournament fees for the tournaments that a player plays in.

### Tournaments:

Two recruiting tournaments will be scheduled in November

### Waiver of Liability

In consideration of participating in the LVLC, the player named above and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge the LVLC, their officers, staff, administrators, volunteers, sponsors, and representatives and assigns for and against any and all claims, actions, cause of actions, suits, judgements and demands whatsoever arising directly or indirectly in connection with the player's participation in the LVLC. By signing below, I acknowledge that i have read and understand this form and further understand the terms and herein are contracted and not a mere recital.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Medical Release

I being the parent or legal guardian of the above named player, authorize the staff of the LVLC to request treatment as necessary to ensure the well being of our dependent. I certify that he is in good health and able to participate in the scheduled events. I am attaching a note explaining any special physical limitations and/or required medical attention that is necessary for my son.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

### Evaluation Fee - \$20

Please bring a check for \$20 per player made Payable to Lebanon Valley Lacrosse Club to the tryout.