## <u>Lebanon Valley Lacrosse Club</u> Summer 2019 Tryout Registration Form

Date: Sunday March 24, 2019	
Location: Lebanon Valley College, Arnold Field (Turf Stadium	n)
High School: 12:00PM-1:30PM	
U13 & U15: 1:30PM-3:00PM	
U11Please Contact for Interest (lightninglaxclub@lebanonva	alleylax.com)
Cost: \$20.00	
Player Name:	
Date of Birth:	
Address:	
City, State, Zip:	
Contact #:	
Email:	
Grade:	
School:	
Position:	
*US Lacrosse #:	
Expiration Date:	
*All players will be required to be members of US Lacrosse to partic	* *
Lacrosse member, a US Lacrosse registration form can be download	led from the website - www.lacrosse.org*
Waiver of Liability In consideration of participating in the LVLC, the player nature ourselves, our heirs, executors and administrators, to release, hold harmless and administrators, volunteers, sponsors, and representatives and assigns for and a judgements and demands whatsoever arising directly or indirectly in connection acknowledge that I have read and understand this form and further understand	nd forever discharge the LVLC, their officers, staff, gainst any and all claims, actions, cause of actions, suits, in with the player's participation in the LVLC. By signing below, I
Signature of Parent/Guardian:	<u>Date</u> :
Medical Release I being the parent or legal guardian of the above named playe necessary to ensure the well being of our dependent. I certify that he is in good attaching a note explaining any special physical limitations and/or required me	health and able to participate in the scheduled events. I am
Signature of Parent/Guardian:	<u>Date</u> :
Health Insurance Company:	Policy Number:
*PLEASE CONTACT INTEREST PRIOR TO TRYOUT TO ALLOW FO registration form, all necessary equipment, a reversible uniform, cleats AN	OR PROPER STAFFING PREPARATION. Bring the

to Lebanon Valley Lacrosse Club to the tryout. You may mail the registration and payment prior to the tryout to:

PO Box 413 Palmyra, PA 17078

LVLC