

WARE SUMMER ADULT LACROSSE

@ WARE ACADEMY, GLOUCESTER, VA

NAME _____ AGE _____ GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

EXPERIENCE (yrs.) _____ HS; _____ College; _____ Other

HEIGHT _____ WEIGHT _____ POSITION(S) (circle) A M D G

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

PHONE 1 _____ PHONE 2 (optional) _____

WAIVER

(MUST BE SIGNED BY PARENT OR GUARDIAN IF YOU ARE UNDER 18)

I hereby certify that my/my son's participation in WARE SUMMER ADULT LACROSSE is voluntary and that I/he will comply with the rules and policies of the WARE SUMMER ADULT LACROSSE. I assume all risks and hazards incidental to participation, including transportation to and from the games; and I do hereby waive, release, absolve, indemnify, and agree to hold harmless WARE ACADEMY and WARE SUMMER ADULT LACROSSE, its principals, organizers, sponsors, participants, persons transporting my son to or from activities for any claim arising out of injury to me/my son. I knowingly assume all risks associated with participation, even if arising from the negligence of the participants or others, and assume FULL responsibility for my/my son's participation. I certify that I am/my son is in good physical condition and can participate in this activity. I acknowledge on behalf of myself and my son that I am aware that lacrosse is a contact sport and that serious physical injury, including but not limited to broken bones, broken teeth, head injury or even death, could result from participation in this activity.

Signature _____ Date _____