

2011-2012

**Carmel Girls Lacrosse
Player Information and Waiver Form**

PLEASE NOTE: Email is our primary communication tool, so include those addresses that are viewed regularly.

GENERAL INFORMATION:

Player's Name _____
Last Name First Name Middle Initial

Home Address _____ City _____ Zip _____

Home Phone _____ Player's Cell Phone _____

Grade _____ Age _____ Birth Date ____/____/____

Player's Email _____ Locker Number _____

Father's Name _____ Mother's Name _____

INSURANCE INFORMATION:

Insurance Company Name _____ Phone Number _____

Member Name _____ Group ID Number _____

WAIVER AND RELEASE:

I am fully aware of and appreciate the risks of my child participating in a lacrosse event, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with such participation. In consideration for my child being permitted to participate in the lacrosse program and in my capacity as parent/legal guardian of

_____, I/we do hereby release Carmel Girls Lacrosse, Inc., Carmel High School, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, from any and all damages resulting from my child's participation in a lacrosse event including any injury, loss of life or other loss or damage occurring as a result of such participation.

Parent/Legal Guardian Signature _____ Date _____

Parent/ Legal Guardian Name _____

Revised 11/1/2011