

TITANIUM LACROSSE

Player Name: _____ Player Phone Number: _____

Player Address: _____ City: _____ Zip: _____

Player Email Address: _____

Parent's Names: _____

Parent Phone Numbers: _____

Parent Email Address(es): _____

Waiver of Liability

In consideration of participating in any and all activities associated with TITANIUM LACROSSE, 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 TITANIUM LACROSSE, their officers, staff, administrators, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever directly or indirectly in connection with the player's participation in any and all activities involving TITANIUM LACROSSE.

By signing below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.

X _____
Signature of Parent/Guardian Date

Treatment/Medical Release Authorization

I/we being the legal guardians of the applicant authorize the staff of TITANIUM LACROSSE and its agents permission to request treatment to ensure the well being of our dependant. I certify that he is in good health and able to participate in the scheduled games. I am attaching a not explaining any physical limitations and/or required medical attention that is necessary for my son.

X _____
Signature of Parent/Guardian Date

Health Insurance Company: _____

Health Insurance Policy Number: _____