



**Alpharetta Jr. Raiders  
Boys' Lacrosse  
2011 Winter Camp/Tryout Form**

*(Spring 2012 Season)*

**November 29<sup>th</sup> (Tues.), Nov. 30<sup>th</sup> (Weds.) & Dec. 1<sup>st</sup> (Thurs.), 2011**

**6:30 to 8:30 PM**

**Alpharetta High School Stadium Field**

**\$30.00 Fee**

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Player Name \_\_\_\_\_

Parents Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ email \_\_\_\_\_

T Shirt Size (Circle one adult size) S M L XL

Insurance Name and Policy # \_\_\_\_\_

Parent Signature \_\_\_\_\_

**All players must be zoned for Alpharetta High School.**

**Please make checks payable to *Alpharetta Junior Raiders Lacrosse* & send completed form and \$30 check to:**

**Alpharetta Junior Raiders Lacrosse**

**Attn: Cathy Finnerty**

**1635 Silverleaf Way**

**Alpharetta, GA 30005**

**Forms will also be accepted day of tryouts/mini-camp (please arrive early to register)**

By signing this form I recognize and acknowledge that there are certain risks of injury, damages or loss which may occur in any and all activities connected with or associated with participation in Lacrosse. I agree to waive and relinquish all claims that my son may have as a result of participation in the Alpharetta Jr. Raider Tryouts. I fully release and discharge the Alpharetta Raider coaches from any and all claims resulting from injury, damages and losses sustained by my son. I hereby state that my son is physically fit and may participate in all activities. I also give permission to have my child treated by a physician if necessary.