

MAX ELITE LACROSSE
2011 Summer League at Wellington

LAST NAME: _____ FIRST NAME: _____
DATE OF BIRTH: _____
CURRENT GRADE: _____ AGE: _____
POSITION: _____
YEARS OF EXPERIENCE PLAYING LACROSSE: _____
ADDRESS: _____ CITY: _____
ZIP: _____
PHONE (H): _____
E-MAIL ADDRESS (please
print): _____
SCHOOL: _____
PARENT/GUARDIAN NAME(S): _____
PHONE (H): _____ (W): _____
(C): _____
E-MAIL ADDRESS: _____
USLacrosse membership number _____

PLACE: The Wellington School (Reed Rd)
DATE: Monday June 13,20,27 July 11,18,25 Wednesday June 15,22,29 July 6,13,20
TIME: Middle School(grades 6-8): Mondays 5:00-9:00 High school: Wednesdays 5:00-9:00
COST: \$85

MAKE CHECK OR MONEY ORDER PAYABLE TO: MAX ELITE
RETURN PAYMENT WITH COMPLETED REGISTRATION AND LIABILITY WAIVER TO:

MAX ELITE LACROSSE
905 CLUBVIEW BLVD S.
COLS., OH 43235

QUESTIONS: CALL 614-579-5238 OR GO TO WWW.MAXELITELACROSSE.COM

IN CASE OF EMERGENCY:

CONTACT: _____ PHONE (H): _____ PHONE
(C): _____
FAMILY PHYSICIAN: _____
PHONE: _____

**Emergency Medical
Treatment Authorization**

I (we) being the legal guardian(s) of the Participant, authorize MAX ELITE Lacrosse, its staff, directors, referees, or agents to request medical treatment, as may be deemed

reasonable by MAX ELITE Lacrosse, to insure the well being of the Participant.

Check appropriate box

I (we) have attached a written statement detailing all physical limitations, medications, allergies and/or medical condition that be required and helpful in providing medical attention for the Participant.

The Participant has had a satisfactory physical within the last year.

Signature of parent/guardian _____

Waiver and Release

I (we) the undersigned, for ourselves, our heirs, executors, and administrators; waive, release, hold harmless, indemnify, and forever discharge MAX ELITE Lacrosse , it's staff, directors, agents, referees, representatives, employees, successors, and assigns from, any liability, claims, judgments, demands or damages arising out of or in connection with bodily injuries, sustained by the Participating during her/his participation in the MAX ELITE Lacrosse regardless of the nature or cause of such injuries. By signing below, I (we) certify that: the Participant is physically fit and capable of playing lacrosse; the Participant has no known medical condition which would prevent or limit Participant's participation in the MAX ELITE Lacrosse program; and, that I (we) have full and absolute authority to grant the permission on behalf of the Participant.

Signature of parent/guardian_____