COLUMBUS LACROSSE CLUB
2012-2013 WINTER INDOOR LACROSSE LEAGUE

*Please return to your indoor coach, with cash or checks for $180. Please make checks payable to: Columbus Lacrosse Club

Name_____

Address_____

School_____

Youth ___Middle School ___JV ___Varsity ___

Grade_____

US Lacrosse Number_____ Expiration_____

E-Mail Address_____

Parent Name_____

Cell_____Home_____Work_____

Emergency Contact_____ Phone#_____

I/We the parents of_____, Hereby give my approval and consent to participate in indoor lacrosse league. I/We assume all risks and hazards incidental to the activities of said person and to his transportation to and from these activities. I/We also hereby release, acquit, and discharge and agree to indemnity and name harmless Columbus Lacrosse Club, and all other persons assisting in the conduct of said activities from any and all actions, causes of actions, claims, or demands of whatever name or nature arising out of injuries to the above named player there to and there from. I/We hereby grant permission to the adult in charge to facilitate emergency procedures as deemed necessary for treatment.

Parent
Signature_____Date_____