

COLUMBUS LACROSSE CLUB 2015-2016 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 indemnify 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 _____