

Registration Form: SPRING FLING

TEAM Name: _____

Division (example: 6th Silver) _____ Club _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Coach's email _____ Check # _____

List of Players names: (All players must be US Lacrosse members) Each player must have a signed permission slip from parents/guardian:

Names:

Parent/Guardian Names (please print) _____

Parent Authorization: I hereby certify that my daughter is in good physical health and can participate in the CGLA Scrimmage Saturday. In the event that I cannot be reached in a medical emergency, I hereby authorize the staff of CGLA to act for me according to their best judgment. I hereby waive, release and forever discharge any and all rights and claims which I or my child may have now or which may accrue to any of us in the future, against CGLA, its coaches, municipalities, special properties and any others involved in the CGLA events and programs, for any and all damages which may be sustained or suffered by any of us in connection with the events or activities, (including travel to/from such events) which the CGLA organization sponsors or it is involved .

I understand that my daughter is to bring her mouth guard and goggles and that she is responsible for wearing them during the CGLA event.

Parent/Guardian Signature: _____ Date: _____

