



3 Flint Lane, Jericho, New York 11753-2610

Players Name _____ Date of Birth: __/__/__
Street Address _____
City _____ State/Zip _____
Cell Phone: () _____ Home Telephone: _ (____) _____
Grade entering in 9/2012 _____ Position _____
Mother's Name _____ Mother's E-Mail _____
Father's Name _____ Father's E-Mail _____

Jersey Size S M L XL XXL Short Size S M L XL XXL

* US Lacrosse Member # _____

* US Lacrosse membership is required of all Jaydogs Lacrosse club members and provides accident and liability coverage Jaydogs participants and provides accident and liability coverage.

I give my son/ daughter, _____, permission to participate in the Jaydogs Lacrosse program. In signing this application, I waive, discharge, release, and covenant not to sue Long Island Storm Lacrosse, their respective members, administrators, directors, agents, coaches, and other volunteers, or other participants (collectively, the "Related Parties") from all claims, demands, losses and damages on the account of any injury, including damages to property or death, caused or alleged to be caused in whole or in part by the negligence of Related parties or otherwise. I understand that by participating in this sport, injury and/or death may occur and I knowingly assume all risks associated with my son/daughter's participation, even if arising from the negligence of any of the related parties or others, and I assume FULL responsibility for my son's / daughter's participation. I certify that my son/daughter is in good physical condition and can participate with the Jaydogs Lacrosse program. I understand that my son/ daughter will be covered by my own family insurance and may be eligible for supplemental insurance with US Lacrosse membership. Further, I hereby authorize the staff of the Jaydogs to provide medical attention, but I acknowledge that they are not required or obligated to do same, should my son require it. Such medical attention includes, but is not limited to, prevention (i.e. taping, stretching), assessment, management, and referral to an appropriate medical facility. I also grant permission for an emergency room physician to examine and manage, hospitalize, or secure treatment, for my son/ daughter in the event of an emergency.

Signature of Legal Guardian Date