



Long Island Storm Lacrosse  
Travel Lacrosse Program Application

3 Flint Lane  
Jericho, NY 11753  
Phone: 516-369-7624  
Web Site: [www.listormlacrosse.com](http://www.listormlacrosse.com)  
Email: [listormlax@aol.com](mailto:listormlax@aol.com)

**Players Name** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_  
**Street Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State/Zip** \_\_\_\_\_  
**Players E-mail** \_\_\_\_\_ **Cell Telephone:** \_( ) \_\_\_\_\_  
**Grade entering in 9/2014** \_\_\_\_\_ **Graduation Year** \_\_\_\_\_  
**High School** \_\_\_\_\_ **Position (s)** \_\_\_\_\_  
**HS Coach Name and e-mail** \_\_\_\_\_  
**Mother's Name** \_\_\_\_\_ **Mother's E-Mail** \_\_\_\_\_  
**Father's Name** \_\_\_\_\_ **Father's E-Mail** \_\_\_\_\_

\* US Lacrosse Member # \_\_\_\_\_

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

I give my son/daughter, \_\_\_\_\_, permission to participate in the Long Island Storm 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/daughter's participation. I certify that my son/daughter is in good physical condition and can participate with the Long Island Storm 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 Long Island Storm to provide medical attention, but I acknowledge that they are not required or obligated to do same, should my son/daughter 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. Primary Health

\_\_\_\_\_  
Signature of Legal Guardian                      Date

Mail the following items with you application to the address listed above:

- One check for \$1200.00, made payable to "Long Island Storm"
- Photocopy of your Primary Insurance Card
- Photocopy of your US Lacrosse Membership Card.