

You must be a registered US Lacrosse Member

**If you are not a member please go to the following link to become a member:**

<http://www.uslacrosse.org/membership/index.phtml>

\*US Lacrosse Membership Number: \_\_\_\_\_ (Required)

\*First Name:

\*Last Name:

\*Address:

\*City:

\*State:

\*Zip Code:

\*Home Phone:

\*Mother Name:

\*Mothers Cell phone and Email

\*Fathers Name

\*Fathers Cell phone and Email

\*Emergency Contact (Name/relationship/number)

\*Birthday:

\* T-Shirt Size: (Youth sizes)

Grade Entering in

\*Graduation Year

\*High School

\*Position:

\*Which is your dominant lacrosse hand:

\*Are there any medical conditions we should know about?

\*Allergies (please list)

\*Primary insurance Carrier:

Address:

Name of Insured:

Group No.:

Please Check the box:

**IDO** give Miller Lacrosse permission to use, at their discretion, any photos or video taken at this event in conjunction with future publication.

**IDO NOT GIVE** Miller Lacrosse permission to use, at their discretion, any photos or video taken at this event in conjunction with future publication.

**MUST HAVE A US LACROSSE MEMBERSHIP  
PHOTOCOPY OF YOUR PRIMARY INSURANCE CARD  
US LACROSSE MEMBERSHIP NUMBER**

WAIVER and RELEASE(SIGNATURES REQUIRED)

By accepting this waiver and in consideration of being allowed to participate in Miller Lacrosse Inc., I acknowledge and accept that the risk of injury is possible while playing or practicing the sport of lacrosse. I understand that lacrosse is a physical, high risk sport and that I am participating in this program at my own risk with full knowledge of the dangers associated with my participation. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others, and assume FULL responsibility for my participation.

I do hereby forever waive, release, and discharge Miller Lacrosse Inc., its agents, directors, employees, coaches, volunteers and other involved parties their successors and/or assigns from any and all claims, costs, expenses, liabilities, losses or damages for personal injury, disability, death, property loss, or otherwise, including but not limited to, those caused by the negligent acts or omissions of other participants, Miller Lacrosse Inc, and other involved parties, its agents, directors, employees, coaches, volunteers and other involved parties their successors and/or assigns, arising out of or connected with my participation in any activities, programs, demonstrations administered by Miller Lacrosse Inc.

I authorize the directors to act for me according to their best judgment in any emergency requiring medical attention. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event.

I acknowledge Miller Lacrosse Inc is not responsible for lost or stolen property or money.

I certify that I am in good physical condition and can participate in the game of lacrosse.

I certify that I and my parent/guardian (if under 18) have carefully read the above waiver and agree to all of its terms.

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Signature of Participant                      Date

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Signature of Parent                              Date

If participant under the age of 18