

Finger Lakes Storm Lacrosse

Tryout Date Sunday June 10, 2012
12:00 PM-3:00 PM
Boswell Field
Hobart and William Smith Colleges
Geneva NY, 14456

Participant's name _____

Address _____

(City) (State) (Zip)

Date of Birth _____ High School _____

Parent/Legal Guardian Name _____

Home Phone _____ Work Phone _____

Email address _____

Emergency Name _____ Phone _____

Relationship _____

US Lacrosse Membership ID _____

Tryout fee is \$25.00 checks can be made payable to Joe Hill.

For more information please email flstormlax@gmail.com or contact
Bruce Teague @ (315) 521-3478 or Joe Hill @ (585) 919-9180

Upstate Risings Medical Form

Participant's name _____

Address _____

(City) (State) (Zip)

Parent/Legal Guardian Name _____

Home Phone _____ Work Phone _____

Physician Name _____ Phone _____

Emergency Name _____ Phone _____

Relationship _____

Medical	Health History	Yes	No	Allergies	Yes	No
	Asthma	_____	_____	Bees	_____	_____
	Diabetic	_____	_____	Penicillin	_____	_____
	Epileptic	_____	_____	Other	_____	_____
	Heart Condition	_____	_____	Tetanus Current?	_____	_____

If yes to health history above, please explain _____

Additional pertinent medical information _____

Medication taken at time of event _____

(If more space is needed for any above questions please attach additional sheet)

Finger Lakes Storm Waiver & Medical Release

I, the undersigned, hereby release and forever discharge any all rights and claims for damages, including any claims, for loss, damages or injury to my person or property arising out of the performance or failure of performance of the owner of the site of regional try-outs and/or practices I may be competing in, or the respective officers, agents, representatives, successors and/or assignees of the parties named above, from any and all claims, demands and liability of every kind and nature, legal or equitable occasioned by or arising out of my participating in the lacrosse event.

I recognize the challenges of the event in which I will participate in, and assume all risks of personal injury or death in connection therewith. I attest that I am sufficiently physically fit to participate safely therein, and that I have not been advised otherwise by a qualified medical person. I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency. I also authorize the attending medical person to execute on my behalf and permission forms and other appropriate medical documents on my behalf if I am not immediately available to do so. I understand that I am responsible for any charges incurred by me for medical treatment.

Registration Release

I hereby attest that the information I have provided in the registration process is true and accurate to the best of my knowledge. I understand that should any of this information be proven false and/or my conduct is not acceptable, the event officials have the right to remove me from participating.

By providing my signature below I agree that I have read the waiver and release above and agree to their content

Signature of applicant: _____ Date: _____

Parent of Legal Guardian Release for Applicants Under 18 years of Age

By signing below, I agree to allow my child to participate in the event. I further attest that I have reviewed the information provided and agree to the Waivers and Releases above as if I was a signatory thereto. To the best of my knowledge, the information is true and accurate.

Signature of parent or Legal Guardian

Date