



FCA Lady Falcons Girls Varsity Lacrosse Registration

Player's Name: _____ Home Phone: _____

Player's E-mail Address: _____ Player's Cell Phone: _____

Father's Name: _____ Father's cell Phone _____

Mother's Name: _____ Mother's Cell phone _____

Home Address: _____ Apt: _____ City: _____

State: _____ Zip: _____ Parent E-mail Address(s): _____

School: Home/ Private (circle one) School Name: _____ Grade _____

Church Affiliation: _____ Player Date of Birth: _____

Player Experience: _____ seasons Positions Played (circle all that apply): Defense Goalie Attack Midfield

Preferred Position: _____

If homeschooled, homeschool umbrella name/email and website _____

Homeschool Facebook page name/URL _____

- ☐ Please contact me about participation in the Winter Indoor League (fill in bubble to left)
- ☐ Please contact me about participation in Fall Tournaments (fill in bubble to left)

Liability Release

High School lacrosse is a competitive, physical sport. Unfortunately, injuries do occur regardless of the program or diligence of the staff, as can be seen at every level of the sport. By signing this Liability Release, I acknowledge a full understanding of the physical and emotional demands necessary to play lacrosse, and expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities including (without limitation) travel to or from said activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Father's Signature: _____ Date _____

Mother's Signature: _____ Date _____