

HEADSTRONG LACROSSE, INC.  
1011 Rock Creek Road  
West Chester, PA 19380  
(610) 696-8837  
www.headstronglax.com

**Team/Try-Out Application**

Include check with application (\$20 Try-Out)

Make checks payable to: HEADSTRONG LACROSSE, INC.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Cell Phone and E-Mail \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Cell Phone and E-Mail \_\_\_\_\_

Grade entering in Sept 2006 \_\_\_\_\_ Graduation Year \_\_\_\_\_

High School \_\_\_\_\_ Position(s) \_\_\_\_\_

HS Coach Name and E-Mail Address \_\_\_\_\_

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

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

Primary Health Insurance

Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medical Conditions Headstrong Lacrosse, Inc. should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Player fees do not include tournament fees, protective equipment, travel, lodging, food, or drinks. **There is a \$20.00 player try-out application fee.** This fee is due with the try-out application, is non-refundable.

## **HEADSTRONG LACROSSE, INC. / WAIVER & MEDICAL RELEASE**

*\*US Lacrosse Membership is required of HEADSTRONG LACROSSE, INC. participants and provides accident and liability coverage.*

I give my son, \_\_\_\_\_, permission to participate in the HEADSTRONG LACROSSE, INC. program. In signing this application, I waive, discharge, release and covenant not to sue HEADSTRONG LACROSSE, INC., their respective members, administrators, directors, agents, coaches and other volunteers, or other participants (collectively, the **"Released Parties"**) from all claims, demands, losses and damages on the account of any injury, including damage to property or death, caused or alleged to be caused in whole or in part by the negligence of the Released 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's participation, even if arising from the negligence of the any of the Released Parties or others, and I assume FULL responsibility for my son's participation. I certify that my son is in good physical condition and can participate in the HEADSTRONG LACROSSE, INC. program. I understand that my son will be covered by my own family insurance and may be eligible for supplemental insurance with his US Lacrosse membership. Further, **I hereby authorize the staff of HEADSTRONG LACROSSE, INC. to provide medical attention, but I acknowledge that they are not required or obligated to do same, should my child 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 child in the event of an emergency.**

### **AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the HEADSTRONG LACROSSE, INC. athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participation he or she should inspect the facilities and equipment to be used, and if the participant believes anything unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the actions, inaction or negligence of others, the rules of play, or the condition of the promises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not sue HEADSTRONG LACROSSE, INC., it's affiliated clubs, teams and their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs and the next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

NO REFUNDS FOR ANY REASON, INCLUDING INJURY. A credit for future HEADSTRONG LACROSSE, INC. programs will be given on a case by case basis when a player is injured.

5. I agree to the refund policy.

I/WE HAVE READ THE ABOVE WAIVER, RELEASE, AND REFUND POLICY AND I/WE AGREE TO SAME. IN DOING SO, I/WE UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS.

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_