

Liv Lax, LLC

Fall Ball Registration Form-2013

Player Information (please print)					
Player's Full Name:					
Cell Phone:					
Email Address:					
Address:					
City, State, Zip:					
Date of Birth (month/day/year):					
Grade:	8th	9th	10th	11th	12th
High School:					
Position:					
Years Experience:					
Team:	Field Lax = \$300 * Box Lax = \$400 (Full) * Both = \$475 (Box is Full)				
Uniform Needed:	No		Yes (add \$85 to payment)		
Short Size, if applicable :	S	M	L	XL	XXL
US Lacrosse Number:	Number:		Expiration:		
Emergency Contact:					
Emergency Contact Phone:					

Parent/Guardian Information (please print)	
Parent/Guardian Full Name:	
Cell Phone:	
Alternate Phone:	
Email Address:	
Address **(if different from player):	
City, State, Zip **(if different):	
Insurance Company:	
Policy #:	

Include Team Fee plus Uniform Fee (if applicable)	
Amount Enclosed:	
Check #:	

**** Payment is 100% refundable thru Sept 7, 2013**
**** After September 7, 2013 payment is Non Refundable**

Liv Lax, LLC
Fall Lacrosse Team Waiver & Release Form
****Signature is Required to Participate**

In consideration of my participation in Liv Lax LLC Fall League sponsored events and activities I agree to the following:

1. Waiver and Release: I am fully aware of 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 and related sports conditioning activities as well as during transportation to and from the event. I further agree on behalf of myself, my heirs, next of kin, executors, my estate, assigns and personal representatives that Liv Lax LLC, along with its coaches, volunteers, employees, agents, officers, and directors of the organization shall not be liable for any injury, loss of life or other loss or damage occurring as a result of participation in any Liv Lax LLC event even if resulting from the negligence of Liv Lax LLC or its coaches, volunteers, employees and directors. I agree to indemnify Liv Lax LLC in the event that I incur any damages or losses as a result of any lacrosse activity, event or sports related conditioning. I agree not to sue Liv Lax LLC or its coaches, volunteers, employees, agents, officers and directors.
2. Medical Attention: I hereby give my consent to Liv Lax LLC to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in Liv Lax LLC sponsored activities and events. Liv Lax LLC, its coaches, volunteers, employees, agents, officers and directors are not liable for the actions of the medical staff. I agree to indemnify Liv Lax LLC in the event I incur any damages or losses as a result of warranted or emergency medical services.
3. Readiness to Compete: I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate. I voluntarily assume any risk inherent with participation in any Liv Lax LLC event or activity.
4. I hereby verify by my signature below that I am the legal guardian of participant/player and that I have read and fully understand each of the conditions for permitting my child/player to participate in any Liv Lax LLC sponsored event and activity. I voluntarily accept each of the conditions and have signed this form voluntarily.
5. I understand I must be a member of US Box Lacrosse to participate in the Liv Lax, LLC Fall Program.

Parent/Guardian's Signature:	
Date:	
Player/Participants Name:	
Date:	

Mail Registration Form, Release & Waiver Form, and Payment to:
Brock Livingston 6300 Rhea Avenue, Tarzana, CA 91335
Or drop in Coach Brock's mailbox at Crespi Carmelite High School

