



## 2018 Registration and Waiver & Release Form

Please fill out and return the completed form with payment payable to:

Bill Villareal 58 Hilltop Dr Portsmouth, RI 02871

Player Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

US Lacrosse Membership # \_\_\_\_\_ Exp Date \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

List and explain any physical problems, allergies or illnesses we should be aware of:

\_\_\_\_\_

In consideration of being allowed to participate in any way in the Team Real Lacrosse Club, hereafter referred to as TRLC, and any related activities sponsored by TRLC, the undersigned acknowledges that each participant will be engaged in activities that involve risk of serious injury, including permanent disability, death, and severe social and economic losses which might result from her actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any of the equipment used. Furthermore, there may be other risks not known to the club or not reasonably foreseeable at this time. The undersigned assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability, or death. The undersigned hereby agrees to absolve, release, waive, discharge, and hold harmless the TRLC, its respective administrators, directors, agents, coaches, and other employees of the organization conducting games, clinics and or practices from demands, losses, or damages on account of injury including death or injury caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise. I release, discharge and agree not to sue the TRLC, field owners or other entity designated, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league or field for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by my child from whatever the cause. Furthermore, I hereby give my permission to TRLC, and all persons and entities authorized by it, to use for promotional and other purposes, my name and any photograph, motion pictures, video tape or other reproduction taken of me during or in conjunction with TRLC.

I, the parent/legal guardian of the above named player, hereby give my permission for my child \_\_\_\_\_ to participate in any and all activities offered by TRLC. I assume all risks and hazards incidental to such participation including transportation to and from all activities. I also agree to waive, release, absolve, indemnify and hold harmless the TRLC organizers, directors, supervisors, coaches, participants, designated officials, field facilities and persons transporting my child to and/or from TRLC from any claim or action arising from any injury to my child. Finally, I agree to abide by the Code of Conduct provided by TRLC at all TRLC events.

I further hereby give my consent for my child \_\_\_\_\_ to receive emergency medical treatment which may deemed advisable in the event of an accident or illness while participating in TRLC sponsored events. I understand that, if possible, I will be notified by telephone of any emergency. The undersigned has read the above waiver and release, understands that she has given up substantial rights by signing it, and signs it voluntarily.

PARENT OR LEGAL GUARDIAN'S SIGNATURE: \_\_\_\_\_