

Rising Stars Lacrosse Indoor Leagues

Fall League: _____ Winter League: _____ (please check one)

3rd and under 4th, 5th & 6th (7th & 8th) HS (Please check one)

Name _____ (Please print clearly)

Home Address _____

City _____ State _____ Zip Code _____

Phone _____ Date of Birth _____

E-Mail Address _____ Grade _____

Team Name _____ Coach _____

Position: Attack / Midfield / Defense / Goalie _____

Parents or Legal Guardian _____

Name of Insurance Company (Required) _____

Name of Insured _____ Relationship to Participant _____

Medical Issues (if any) _____

Consent and Release Form:

I, the undersigned parent or guardian of my child, a minor, do hereby consent to my child's participation in the voluntary lacrosse programs of the Rising Stars Lacrosse. I also agree to forever release Hit Quarters, and all their Employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary lacrosse programs of the Rising Stars Lacrosse ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the voluntary lacrosse program of the Rising Stars Lacrosse. I also promise to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the voluntary lacrosse programs of the Rising Stars Lacrosse. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Rising Stars Lacrosse programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in the voluntary Rising Stars Lacrosse Program. I certify that the applicant is in good physical condition and may participate in the Rising Stars Lacrosse League. I give Rising Stars Lacrosse permission to seek emergency medical care for my child. I also agree and certify that the insurance information provided is correct and current and agree to assume any/all responsibility for any medical expense incurred.

Parent or Legal Guardian Signature _____ Date _____ (Required for any player under 18)

Player Signature _____ Date _____

Individual Registration Fee

-Fall Session \$160 (7 weeks)

-Winter Session \$170 (7weeks)

Team Registration Fee

-Dependant upon team size; see team captain for information

Please make checks payable to: "Rising Stars Lacrosse"

Please submit completed applications to team captain/coach;

Free agents please *Check Here if "Free Agent"* and mail application and check to:

Rising Stars Lacrosse
10 Jewett Terrace
Worcester, MA 01605