

## Registration Form:

### Player Info:

Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Grade \_\_\_\_\_ DOB \_\_\_\_\_ Years Experience \_\_\_\_\_

Position \_\_\_\_\_ School \_\_\_\_\_

How did you hear about Trilogy Lacrosse \_\_\_\_\_

Uniform Size (Adult Sizes: S, M, L, XL, XXL) \_\_\_\_\_ T-Shirt \_\_\_\_\_ Jersey \_\_\_\_\_ Shorts \_\_\_\_\_

### Parent/Guardian Info:

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone Contact \_\_\_\_\_

Please make checks payable to: Trilogy Lacrosse

Please mail your check and this form to: Trilogy Lacrosse

759 Bloomfield Ave. Box 351

West Caldwell, NJ 07006

[www.trilogylacrosse.com](http://www.trilogylacrosse.com)

### RELEASE AND INDEMNITY AGREEMENT

I, Parent/Guardian hereby request you accept this application from my child for enrollment in TRILOGY LACROSSE CAMP. In consideration of your acceptance of this application, I hereby agree to release, hold harmless, and indemnify TRILOGY LACROSSE, LLC, and all of their respective agents, employees, sponsors, representatives or assigns, from/for any and all claims resulting from any injuries or death sustained by my child while participating in this event. I warrant and represent that I have the authority to sign this release and indemnity agreement on behalf of my minor child.

I further hereby give permission to the coaches, training staff, and other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

Photos taken of my child while participating at Camp may be used for publications and advertisements. Signing this Agreement and registration of my child in the Camp act as my consent for this usage.

I agree that I am responsible for outfitting my child with the appropriate equipment (sticks, gloves, mouth guard and helmet). I further agree that my child will wear their helmet at all times during practices and tournament play.

Any known allergies or medical conditions for my child: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_