



2007 Ocean State Lacrosse Club Tryout Registration Form

Name: _____ Age as of 12/31/06: _____

Date of Birth: _____ Height: _____ Weight: _____

US Lacrosse Member ID # : _____ Membership expiration date: _____ (must be no earlier than 12/31/07)
(We must have this information; please go to www.uslacrosse.org to renew or join US Lacrosse. You must be a member in order to play for the Ocean State Lacrosse Club; the annual membership fee is \$30.)

Address: _____ City: _____

State: _____ Zip code: _____ phone: (home) _____ (cell) _____

Player e-mail: _____ Parent e-mail: _____

Insurance Carrier _____ Policy # _____

Emergency Contact Person: _____ Phone # _____

Position you are trying out for: _____ Alternate position: _____

School: _____ Grade: _____

Please list the team(s) you played for in 2005: _____

Jersey size (circle 1): Adult-Medium Adult-Large Adult-Extra Large Desired Jersey #: _____ (1st choice) _____ (2nd choice)

Each player trying out for Ocean State must participate in one of the scheduled tryouts.

Each player must complete this form, pay a one-time tryout fee of \$20 (make checks payable to Ocean State Lacrosse Club), and submit it the Tryout Coordinator.

I, the parent/legal guardian of the above named player, hereby give my permission for my son _____ to participate in any and all activities throughout the 2006 Ocean State Lacrosse Club (OSLC) season. 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 OSLC organizers, directors, supervisors, coaches, participants, designated officials, field facilities and persons transporting my child to and/or from any events that OSLC participates in and from any claim or action arising from any injury to my child. Finally, I agree to abide by the OSLC parent's code of conduct and team rules at all events that OSLC participates in.

I further hereby give my consent for my son _____ to receive emergency medical treatment which may be deemed advisable in the event of an accident or illness which participating in the events that OSLC participates in. I understand that, if possible, I will be notified by telephone of any emergency that involves my son. The Undersigned has read the above waiver and release, understand that they have given up substantial rights by signing it, and sign it voluntarily.

PARENT OR LEGAL GUARDIAN'S SIGNATURE: _____

Ocean State Lacrosse Club c/o Jeff Popham 88 Aaron Ave. Bristol, RI 02809 (401) 247-1003 www.oceanlax.com