



## 2010 Summer Select Team Tryout Application

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name & Cell Number: \_\_\_\_\_

Mother's Name & Cell Number: \_\_\_\_\_

E-Mail Addresses: (Please be neat)

Player \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

Grade as of 9/10 \_\_\_\_\_ School \_\_\_\_\_ HS Graduation Year \_\_\_\_\_

Position: \_\_\_\_\_ US Lacrosse Member No. \_\_\_\_\_

I, the undersigned parent or guardian of \_\_\_\_\_ do hereby grant permission for my son/daughter to participate in the Team Hills Select Team Program, including but not limited to tryout sessions, practices, scrimmages, contests and tournaments. I am fully aware of the competitive and physical nature of lacrosse and the risk of injury inherent in the sport. I release Team Hills, Hills Youth Lacrosse, its coaches, volunteers, employees, agents, officers, advisers and directors for any injury or other loss or damage as a result of his/her participation in any Team Hills sponsored event. I represent that my child currently has Health Insurance coverage with \_\_\_\_\_ under Policy Number \_\_\_\_\_ and that in the event of any injury, this is the primary insurance coverage for his/her care. I take full responsibility for having proper health insurance coverage and understand that Team Hills does not maintain insurance to cover my child. I also understand that membership in US Lacrosse is mandatory for participation in the Team Hills program. In the event my child is injured while participating in a Team Hills event I authorize the staff of Team Hills to secure appropriate medical treatment for my child. I also grant permission for an emergency room physician to treat my child in the event of an emergency.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date