

First Name _____ Last Name _____
 School _____ HS Grad Year _____
 Birthdate _____ / _____ / _____ Cell Phone _____ - _____ - _____
 Home Phone _____ - _____ - _____ Home Address _____ City _____ St _____ Zip _____

- Goal
- Defense
- Midfield
- Attack

Tournament TeamName _____
 Coach _____
 Phone _____ - _____ - _____
 Division Alpha Juniors Beta Middies

E mail  Athlete _____  Parent _____
 Emergency Contact Name _____ Phone _____ - _____ - _____

Waiver of Liability

In signing this application, I release Quick Stix and any other involved parties from any claims or responsibility for injuries suffered in the tournament. I knowingly assume all risks associated with participation, even if arising from the negligence of the participants or others, and assume FULL responsibility for my participation. I certify that I am in good physical condition and can participate in the Lightning Lax Tournament. Further, I authorize the site director to request medical treatment as necessary to insure my well being.

Athlete _____ Date _____ Parent/Guardian _____ Date _____
 Health Insurance Provider _____ Policy # _____

Mail completed form to YOUR coach

Please send TOP portion ONLY to your coach.