

TURKEY SHOOT

Print Legibly!



Name _____ Attack Defense
 Midfield Goal

Birthdate ____ / ____ / ____ Cell Phone ____ - ____ - ____
Month Day Year

School _____ HS Grad Year _____

Home Phone ____ - ____ - ____ Home Address _____ City _____ St _____ Zip _____

Athlete's ★ e mail _____ Parent's ★ e mail _____

Emergency Contact Name _____ Phone ____ - ____ - ____

Waiver of Liability

In signing this application, I release Trojan Lacrosse, Annapolis Rec/Parks, Anne Arundel County & 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 this event. Further, I authorize the site director to request medical treatment as necessary to insure my well being.

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

Mail completed form to YOUR coach