



LAS VEGAS LACROSSE LEAGUE'S

2008 "Best of the West" Tournament

Registration available on-line at: www.bestofthewestlacrosselv.com

[Player Fee for the 2008 Best of the West Tournament is \$ 40.00 for men & boys, and \$30.00 for women]

Team Affiliation: _____

Last Name: _____ First Name: _____

Date of Birth: _____ Grade: _____

Address: (Street) _____ Apt. or Unit Number _____

City _____ State _____ Zip Code _____

US Lacrosse Number: _____ (must have prior to registration & does not apply to residents of Canada)

Name of Parent: _____
Last Name First Name

() _____ () _____
Area Code Home Phone Area Code Cellular Phone

_____ E-Mail Address

_____ Medical Insurance Carrier Policy Number _____

_____ Emergency Contact: Name Phone Number _____

PLEASE MAIL APPLICATION FORM, SIGNED WAIVER, AND PAYMENT OF \$40.00 for all male divisions and \$30.00 for all women's divisions, BY CHECK MADE PAYABLE TO: **The Las Vegas Lacrosse League** at 8680 Rosey Ct. , Las Vegas NV 89149



Parental Consent to Participate in Las Vegas Lacrosse League's 2008 Best of the West Tournament



WARNING, AGREEMENT TO OBEY INSTRUCTIONS,
RELEASE ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS
(BOTH PLAYER & A PARENT OR GUARDIAN MUST READ CAREFULLY AND SIGN
BEFORE PARTICIPATING IN THE LAS VEGAS LACROSSE LEAGUE'S
2008 Best of the West Tournament, February 29th - March 2nd)

PLAYER

I am aware that playing or practicing to play/participate in any sport/activity can be dangerous in nature involving many risks of injury. I understand that the dangers and risks of playing or practicing to play/participate in lacrosse include, complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, serious injury to virtually all internal organs, and serious injury or impairment to other aspects of my body, general health, and well being. I understand that the dangers and risks of playing or practicing to play/participate in lacrosse may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in lacrosse, I recognize the importance of following coaches and volunteer's instructions regarding playing techniques, training, and other clinic rules, etc., and to agree to obey such instructions.

In consideration of the Las Vegas Lacrosse League permitting me to engage in all activities related to the tournament, including, but not limited to, instruction, practicing, or playing lacrosse, I hereby assume all risks associated with participation and agree to hold the Las Vegas Lacrosse League and the City of Las Vegas, its employees, agents, representatives, directors, and volunteers harmless from any and all liability, action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the lacrosse clinic. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

(Sign to confirm you are aware that lacrosse is a violent contact sport)
I specifically acknowledge that lacrosse is a contact sport involving great risk of injury.

Player's Signature

Print Name

Date

PARENT/GUARDIAN

I hereby warrant that my son or daughter is a current member of US Lacrosse and in sufficient health to compete at this level. Additionally, in consideration of the Las Vegas Lacrosse League permitting my son or daughter to engage in all activities related to the lacrosse tournament, including, but not limited to practicing or playing/participating in the sport of lacrosse, I hereby assume all the risks of my son/daughter associated with participation and agree to hold the Las Vegas Lacrosse League and the City of Las Vegas, its employees, agents, representatives, directors, and volunteers harmless from any and all liability, actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with his/her participation in any activities related to this lacrosse tournament. I understand and I am aware and specifically acknowledge that Lacrosse is a contact sport involving great risk of injury. The terms hereof shall serve as a release and assumption of risk for my son's/daughter's heirs, estate, executor, administrator, assignees, and for all members of his/her family.

I further agree to conduct myself in a civil manner and understand that any acts of disorderly conduct, rage, insult, or overt aggression (in the sole opinion of the tournament staff) may have me ejected from the facility in order to protect the safety and tone of this event.

I have read and understand the risks as detailed in the player section of this agreement above.

Parent / Guardian's Signature

Date

Print Name & Phone Number of who to contact in the case of an Emergency:
