



2018 BHS Boys Lacrosse Captains Practice Registration

If you have any questions, please contact Tina Wittchow at 612-386-7327 or bhsboyslax@comcast.net

Player Information

First name

Last name

Date of birth

Grade

Player's Cell Phone

Player's E-mail

Address Information

Street address

Street address line 2

City

State

Postal zip code

Parent's Information (if participant is under 18)

Parent's/Guardian's name

Cell Phone number

Email address

Parent's/Guardian's name

Cell Phone number

Email address

Release of Liability/Acknowledgement of Risk: I/We the parents/guardians of the player named above, give permission for our child to participate in the 2018 BHS Boys Lacrosse Captains Practice. We assume all the risks and hazards related to the participation in all activities related to the Captains Practice. I/We waive, release and absolve and indemnify and agree to hold the BHS Boys Lacrosse Boosters, all members the Captains Practice staff, the facilities, and Burnsville High School harmless for any claim arising from any injury that occurs to my child. It is specifically agreed that the Boys Lacrosse Booster Club will not provide any insurance covering my child.

Medical Release: In the event my child is injured during the absence of parent or legal guardian, I give permission for the person in charge to seek medical attention. My/Our child is covered for sickness, accident or injury under the following policy:

Name of the Insurance Company

Policy #

Policy Holder

Please return this form on or before February 5th. Save as your last name and send to bhsboyslax@comcast.net.