Brewster *Ultra* Lacrosse League - Team Registration Form Rate your Team! Circle Level: (Strongest) AA A AB B BC C (Weakest)
Team Name _____ Please circle: Boys Girls Grade: 3-4 5-6 7-8 JV Var
Coach: _____ Address_____Phone _____
I certify that all my players are members of USLacrosse & are familiar with Ultra Lacrosse League rules.
Coaches signature: _____Date:_____ email: _____

US Lacrosse Participant Waiver & Release of Liability

INSTRUCTIONS: 1) Each player should read the statement below before completing and signing this Waiver & Release roster.
2) Parents/Guardians should read the statement below before signing on the same numbered line as their player.

AGREEMENT: In consideration of my membership in **US Lacrosse** and of my participation in the sponsored activities of the **Brewster Ultra Lacrosse League,** I acknowledge, agree to and understand that:

1) READINESS TO COMPETE: Voluntarily and of my own free will, I elect to participate as a member of the Brewster Ultra Lacrosse League. I will only participate in those US Lacrosse competitions and activities sponsored by Brewster Ultra Lacrosse League for which I believe I am physically and psychologically prepared to compete.

2) MEDICAL ATTENTION: I hereby give my consent to US Lacrosse and to Brewster Ultra Lacrosse League and the host organization of any US Lacrosse sponsored event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted through the course of my participation in sponsored lacrosse activities.

3) WAIVER & RELEASE OF LIABILITY: I am fully aware of and appreciate the risks associated with participation in a lacrosse event, including the risk of catastrophic injury, paralysis and even death, as well as other types of damages and loss. I further agree on behalf of myself, my heirs, and personal representatives, that US Lacrosse, Brewster Ultra Lacrosse League, the host organization, and sponsors of any US Lacrosse event, along with their coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event(s). My signature below is my acknowledgment that I have read and understood every provision of this Waiver and Release of Liability, and that I agree to abide by it.

PRINT or TYPE PLAYER'S NAME	PLAYER'S SIGNATURE	DATE	RESIDENCE/STREET ADDRESS	State	Zip Code	PARENT OR GUARDIAN SIGNATURE	DATE	RELATIONSHIP TO PLAYER
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