



Step Up Lacrosse Registration Form 2010

- Step Up Lacrosse: Indiana June 5-7th
- Step Up Georgia: Session I June 14-16th Open
- Step Up Georgia: Session II June 14-16th Elite
- Little Steps: Catonsville June 28th- July 1st 9am-12pm
- Little Steps: Catonsville June 28th- July 1st 1pm-4pm
- Step Up: Minnesota July 19-21st

Camper Information

Name: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (home) _____ (cell): _____
 E-mail: _____

Lacrosse Information

Position:

- Attack
- Midfield
- Defense
- Goalie

Years Played: _____

What level do you play at:

- Elementary/ Youth League
- Middle School Team
- High School Team

Waiver Of Liability

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that US Lacrosse, the host organization, and sponsors of any US Lacrosse sanctioned event, along with the 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, or as a result of equipment that may have been provided to me for these activities. MEDICAL ATTENTION: I hereby give my consent to US Lacrosse and the host organization of any US Lacrosse related event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and/ or emergency medical services as warranted in the course of my participation in US Lacrosse events. READINESS TO COMPETE: I will only participate in those US Lacrosse competitions for which I believe I am physically and psychologically prepared to compete. CODE OF CONDUCT: I have read and agree to all terms in the US Lacrosse Code of Conduct, especially with regard to my responsibilities as a player.

Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Make Checks Payable to: Step Up Lacrosse