



June 5 -6th, 2010

Baseball Soccer Complex

Middle School (Grad Years 2015 & 2016) Tournament Fee \$100

High School (Grad years 2011, 2012, 2013 & 2014) Tournament Fee \$125

Players are responsible for their own travel arrangements and cost

Registration and fees due April 28th

Player First Name: _____ Last Name: _____

US Lacrosse Membership #: _____ Date of Birth: _____ Grade Fall 10: _____

Parents Name: _____

Home Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's email: _____

By signing this form, we release Milton High School, Milton Lacrosse, Eagle Stix Lacrosse, the coaches, and other involved parties from any claims or responsibility for any injuries suffered in the tournament. We assume full responsibility for my participation in this tournament and we assume all risks associated with participation, even if arising from negligence from the participants or others. I certify that I am in good physical condition and can participate in this event. We authorize medical treatment if necessary.

Athlete's signature: _____ Date: _____ Health Insurance Provider: _____

Parent's Signature: _____ Date: _____ Policy Number: _____

Checks should be made payable to Milton Lacrosse.

Mail registration and payment to:

*Eagle Stix Lacrosse
980 Birmingham Rd.
Suite 501-311
Milton, GA 30004*

If you have any questions, please contact: Tim Godby, LadyEaglesLax@yahoo.com

There will be no refunds given for tournament registrations because teams and entry fees are based on the number of registrants. If not enough players register for an additional team for the tournament, in this case only, fees will be refunded.



Parent's/Guardian's Acknowledgement and Waiver of Liability

I verify that my child has been checked by a licensed physician within the past year and is physically able to participate. I realize that lacrosse is a sport that involves aggressive play and physical contact, both of which can result in serious injury. Moreover, even with headgear, lacrosse players are susceptible to head and neck injuries. I understand the inherent risk involved and I hereby do assume all risks included in my daughter's participation in such activities. I agree to allow my child to be treated by the staff at a Peachtree City, Georgia area hospital or the SAT event staff in the event of an injury or emergency. In addition, I assume all risks from the participation in this tournament, and will hold harmless MCCSports, Inc., Hotlanta Lacrosse LLC, their affiliates and associates, Peachtree City Parks and Recreation, and their employees of any and all liability, actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participation in the tournament or related activities.

Parent/Guardian Name _____

Email _____

Parent/Guardian Signature _____

Participant Name _____

Date _____ Phone _____

Club Program _____ Team Name _____

US Lacrosse Number: _____ Exp. Date: _____