



**July 17-18**  
**Ponte Vedra Beach, FL**  
**Tournament Fee \$125**

*Players are responsible for their own travel arrangements and cost*

**Registration and fees due Wednesday, May 19th**

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](mailto: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 hereby certify that my child is fully capable of participating in the sport of lacrosse and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities. I agree to allow my child to be treated/assisted by the staff of the Heatwave Lacrosse Tournament, MCC Sports Inc., Emergency Medical staff working the event, and area hospitals near the tournament site in the event of an injury or emergency.

In addition, I assume all risks from the participation in this tournament, and will hold harmless MCC Sports, Inc., Jacksonville University, St. Johns County Parks and Recreation, and all of the named entities affiliates, associates, volunteers, and 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, whether the result of negligence or any other cause.

Parent/Guardian Name \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Participant Name \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Club Program \_\_\_\_\_ Team Name \_\_\_\_\_

US Lacrosse Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_