

LONG ISLAND EXPRESS LACROSSE

BOYS/GIRLS APPLICATION

Travel Lacrosse Program for Boys/Girls

P.O. Box 545 East Setauket, NY 11733
Web Site www.liexpresslacrosse.com
(631) 514-4246 (Boys Contact) (631) 513 9007 (Girls Contact)
boys@liexpresslacrosse.com (Boys Contact) girls@liexpresslacrosse.com (Girls Contact)

Club Team Tryout Application

Name _____ Date of Birth _____
Street Address _____
City _____ State/Zip _____
Home Telephone _____ Cell Phone _____
E-Mail Address _____
Mother's Name _____
Mother's Cell Phone and E-Mail _____
Father's Name _____
Father's Cell Phone and E-Mail _____
Grade entering in 9/2007 _____ Graduation Year _____
High School _____ Position(s) _____
HS Coach Name and E-Mail Address _____
Jersey Size S M L XL XXL Short Size S M L XL XXL
US Lacrosse Member # _____

**US Lacrosse Membership is required of all Long Island Express Lacrosse Club Members and provides accident and liability coverage.*

My son/daughter, _____, has requested to participate in the Long Island Express Lacrosse Club Program. I am fully and completely aware of the actual and potential risks inherent in this activity. By signing below I am asserting that we are knowingly and voluntarily assuming all such risks. I further assert that my son/daughter is covered by a health/accident insurance plan, which will be available to cover the costs of any medical expenses incurred should he/she be injured in the course of participating. I agree not to hold Long Island Express Lacrosse responsible for insuring any losses we may suffer in relation to our son/daughter's participation. I understand that Long Island Express Lacrosse does not maintain liability insurance coverage associated with lacrosse activities or events. I assume full and complete responsibility for obtaining proper health/accident insurance coverage.

I hereby authorize the Staff of Long Island Express Lacrosse to provide medical attention should my child require it. Such medical attention includes, but is not limited to, prevention (i.e. taping, stretching), assessment, management, and referral to an appropriate medical facility. I also grant permission for an emergency room physician to examine and manage, hospitalize or secure treatment, for my child in the event of an emergency.

Signature of Legal Guardian Date

Mail the following items with your application to the address listed above:

- ✍ One check for \$50.00, made payable to "Long Island Express Lacrosse"
- ✍ Photocopy of your Primary Insurance Card
- ✍ Photocopy of your US Lacrosse Membership Card