



PLAYER APPLICATION AND RELEASE FORM

Please Type or Print

Team Name _____ Coaches Name _____

Players Name _____

E Mail Address _____@_____._____

Address _____ City _____ ST _____ Zip _____

I approve my son's attendance in the Battle of the Beltways™ lacrosse tournament. In further consideration of Level 2 Sports, LLC., accepting this application. I/we hereby agree to save and indemnify and keep harmless Level 2 Sports, LLC., Villa Julie College, its Directors, Agents and Employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant during their participation at the Battle of the Beltways™ lacrosse tournament.

Signature of parent/guardian _____ Date _____

Treatment Authorization

I/we being the legal guardians of the applicant authorize Level 2 Sports, LLC., and its Agents permission to request treatment as necessary to ensure the well being of our dependants. I certify that he is in good health and able to participate in the scheduled games. I am attaching a note explaining any special physical limitations and /or required medical attention that is necessary for my son.

Signature of parent/guardian _____ Date _____

Health Insurance Company _____ Health Insurance Policy Nr. _____