

2006 Toplax.com Recruiting Invitational

July 8th and 9th

Players Name _____

Team Name _____

E Mail Address _____

Address _____

City _____ ST _____ Zip _____

I approve my son's attendance in the Toplax.com Recruiting Invitational. In further consideration of Crossroad Sports, Inc. accepting this application. I/we hereby agree to save and indemnify and keep harmless Crossroads Sports, Inc., its 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 Toplax.com Recruiting Invitational.

Signature of parent/guardian _____

Treatment Authorization

I/we being the legal guardians of the applicant authorize Crossroad Sports, Inc. (a.k.a. Toplax.com) 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 number _____

Please return this form to your team or mail to:
Toplax 409 Forestview Rd, Linthicum, MD 21090