

**WASHINGTON COLLEGE
LACROSSE
2006 PRE-SEASON SHOOTOUT**

TOURNAMENT REGISTRATION FORM

NAME: _____ **GRADE:** _____
DOB: _____ **AGE:** _____ **POSITION:** _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: () _____
HIGH SCHOOL: _____
TOURNAMENT TEAM NAME: _____
COACH /CONTACT PERSON: _____
PHONE: () _____
EMAIL: _____

Coverage for accidental injury is required by all participants. In most instances, family health insurance.

INSURANCE POLICY: _____ **Policy #:** _____

I/We, being the legal guardian(s) of the applicant, authorize Washington College and their agents, permission to request medical treatment as necessary to insure the well-being of my dependent.

Guardian(s) Signature: _____ **DATE:** _____

I/We the undersigned, for ourselves, our heirs, executors, and the administrators, waive and release and forever discharge Washington College, its staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights and claims for damages to person or property which may be sustained or occur during participation in the tournament.

I/We understand that the applicant is in good physical condition, allowing him to participate in the Santa Shootout.

Guardian(s) Signature: _____ **DATE:** _____

PLEASE RETURN FORM TO: Sean Woods
Men's Lacrosse Office
Washington College
300 Washington Ave.
Chestertown, MD 21620

CHECKS PAYABLE TO: WASHINGTON COLLEGE LACROSSE CAMPS