

LONG ISLAND TOP GUNS LACROSSE
Girls APPLICATION

Travel Lacrosse Program for Girls

LI Top Guns P.O. Box 1627 WB Post Office, NY 11704

Web Site www.litopguns.com

contact@litopguns.com

Club Team Tryout Application

Name _____ Date of Birth ____/____/____
Street Address _____
City _____ State/Zip _____
Home Phone _____ Cell Phone _____
E-Mail Address _____
Mother/Guardian Name _____
Cell Phone _____ E-Mail _____
Father/Guardian Name _____
Cell Phone _____ E-Mail _____
Emergency Contact Name and Number _____
High School Graduation Year _____
US Lacrosse Member # _____ Position _____

US Lacrosse Membership is required of all Long Island Top Guns Lacrosse Club Members because it provides accident and liability coverage.

My daughter, _____, has requested to participate in the Long Island Top Guns 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 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 Top Guns Lacrosse responsible for insuring any losses we may suffer in relation to our daughter's participation. I understand that Long Island Top Guns 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 Top Guns 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 try-out fee (non-refundable) made payable to "Long Island Top Guns"
- \$75 cash on day of try-outs to walk up
- Photocopy of your Primary Insurance Card
- Photocopy of your US Lacrosse Membership Card