

# LONG ISLAND TOP GUNS LACROSSE

## 2022 Summer Season Try Out Application

LI Top Guns P.O. Box 1627 West Babylon, NY 11704

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Phone → 631 404 2621

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Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mother/Guardian Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Father/Guardian Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
High School Graduation Year \_\_\_\_\_ Position \_\_\_\_\_

US Lacrosse Member # \_\_\_\_\_

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 indemnify and hold harmless, Long Island Top Guns, any individual working as an officer, coach, athletic trainer or official or in any capacity for this organization, for any and all injuries, damages, causes of actions or claims for personal injuries or property damage, arising from my child's participation in this program, or any leagues, teams or tournaments associated with Long Island Top Guns. I understand my daughter's participation includes possible exposure to COVID-19. 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 \$75.00 try-out fee (non-refundable) made payable to "Long Island Top Guns"
- \$100 cash on day of try-outs to walk up
- Photocopy of your US Lacrosse Membership Card