

2021 BHS Boys Lacrosse

Captains Practice Registration

Fill out Form and bring to First Practice or Email to burnsvilleboyslax@gmail.com

Questions? Contact the Booster Club at burnsvilleboyslax@gmail.com

Player Information

Name	
Date of Birth	
Grade	
Cell	
Player's Email	
Player's Address (include City & Zip)	

Parent Information (If Participant is under the age of 18)

Name(s)	
Parent Cell	
Parent Email	

Release of Liability/Acknowledgement of Risk: I/We the parent/guardians of the player names above, give permission for our child to participate in the 2020 BHS Boys Lacrosse Captains Practices. I/WE waive, release and absolve and indemnify and agree to hold BHS Boys Lacrosse Boosters, all member of the Captains Practice staff, the facilities and Burnsville High School harmless for any claim arising from any injury that occurs to my child. If it specifically agreed that the Boys Lacrosse Booster Club will not provide any insurance covering my child.

Parent/Guardian Signature	
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Medical Release: In the event my child is injured during the absence of parent of legal guardian, I give permission for the person in charge to seek medical attention. My/Our Child is covered for sickness, accident or injury under the following policy:

Name of Insurance Company	
Policy #	
Policy Holder	