

NEXT LEVEL LACROSSE MEN'S SUMMER LEAGUE 2010 TEAM PLAYER APPLICATION

STEP 1 – Complete 2010 Player Application

STEP 2 – Complete & Sign Participant Waiver and Release of Liability Form

STEP 3 – Mail Completed Application & Signed Release with \$190.00 Player Fee

MAKE CHECKS PAYABLE & MAIL:

NEXT LEVEL LACROSSE

PO Box 293

Ridgewood, NJ 07451-0293

- - - Complete & Mail Application/Waiver with Check Payable to Next Level Lacrosse - - -

**NEXT LEVEL LACROSSE
MEN'S LACROSSE LEAGUE
2010 TEAM PLAYER APPLICATION**

**Make Check Payable & Mail: NEXT LEVEL LACROSSE
PO BOX 293
RIDGEWOOD, NJ 07451-0293**

(Please Print Clearly)

NAME: _____ **CELL:** _____

EMAIL: _____ **COLLEGE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

CHECK SITE: **STEVENS** – Monday / Tuesday / Thursday **KEAN** – Monday / Tuesday / Wednesday

POSITION (ONE ONLY): ATT / MID / LSM / DEF / GOAL Team Contact: _____

I am signing-up to play as a member of TEAM _____ (Team Name).

NEXT LEVEL LACROSSE 2010 MEN'S SUMMER LEAGUE TEAM PLAYER FEE - \$190.00

NEXT LEVEL LACROSSE - Participant Waiver and Release of Liability Form

AGREEMENT: In consideration of my membership in US Lacrosse and of my participation in the sponsored activities of the Next Level Lacrosse Association, I acknowledge and agree to and understand that:

- 1) **READINESS TO COMPETE:** Voluntarily and of my own free will, I elect to participate as a member of the Next Level Lacrosse Association. I will only participate in those US Lacrosse competitions and activities sponsored by the Next Level Lacrosse Association for which I believe I am physically and psychologically prepared to compete.
- 2) **MEDICAL ATTENTION:** I hereby give my consent to US Lacrosse and to the Next Level Lacrosse Association and the host organization of any US Lacrosse sponsored event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted through the course of my participation in sponsored lacrosse activities.

WAIVER AND RELEASE OF LIABILITY: I am fully aware of and appreciate the risks associated with participation in a lacrosse event, including the risk of catastrophic injury, paralysis and even death, as well as other types of damages and loss. I further agree on behalf of myself, my heirs, and personal representatives, that US Lacrosse, the Next Level Lacrosse Association, the host organization, and sponsors of any US Lacrosse event, along with their coaches, volunteers, employees, agents, officers, and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event(s). My signature below is my acknowledgement that I have read and understood every provision of this Waiver and Release of Liability, and that I agree to abide by it.

Print Name _____ Signature _____ Date _____

Emergency Contact: _____ Phone _____