



“Shooting for Community Pride”

2008 Summer Select Team Tryout Application

Name: _____ Birth Date: _____
Address: _____
Home Phone: _____
Father’s Name & Cell Number: _____
Mother’s Name & Cell Number: _____
E-Mail Addresses Player _____
Father: _____
Mother _____
Grade as of 9/08 ____ School _____ HS Graduation Year _____
Position: _____ US Lacrosse Member No. _____

I, the undersigned parent or guardian of _____ do hereby grant permission for my son/daughter to participate in the Team Hills Select Team Program, including but not limited to tryout sessions, practices, scrimmages, contests and tournaments. I am fully aware of the competitive and physical nature of lacrosse and the risk of injury inherent in the sport. I release Team Hills, Hills Youth Lacrosse, its coaches, volunteers, employees, agents, officers, advisers and directors for any injury or other loss or damage as a result of his/her participation in any Team Hills sponsored event. I represent that my child currently has Health Insurance coverage with _____ under Policy Number _____ and that in the event of any injury, this is the primary insurance coverage for his/her care. I take full responsibility for having proper health insurance coverage and understand that Team Hills does not maintain insurance to cover my child. I also understand that membership in US Lacrosse is mandatory for participation in the Team Hills program. In the event my child is injured while participating in a Team Hills event I authorize the staff of Team Hills to secure appropriate medical treatment for my child. I also grant permission for an emergency room physician to treat my child in the event of an emergency.

Parent: Print Name Parent: Signature Date

All new Team Hills Players must provide a birth certificate, copy of the health insurance card, their valid US Lacrosse membership number and pay a \$20.00 tryout fee prior to attending the tryout.