

# Musketeer Lacrosse 2018 Player Application

Please mail this form and check payable to:  
Musketeer Lacrosse  
PO Box 286  
Ridgewood, New Jersey 07451  
www.musketeerlacrosse.com

Name \_\_\_\_\_ Grade as of 9/18 \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

EMAIL \_\_\_\_\_

US LACROSSE MEMBER: YES / NO If YES- ID# \_\_\_\_\_

Musketeer Lacrosse Camp Fee  
If POSTMARKED by 6/15/18: \$275.00  
If POSTMARKED AFTER 6/15/18: \$300.00  
Equipment Rental Fee (if needed) \$20.00  
**CAMPS WILL TAKE PLACE AT BEN FRANKLIN MIDDLE SCHOOL**  
**335 North Van Dien Ave.**  
**Ridgewood, NJ 07450**  
**July 9-12\*, 2018**  
Rain date: 7/13 if needed  
**9AM-3PM**  
**Grades 1-9**  
**\*\*Refunds only issued when a Dr. note is presented**

Musketeer Lacrosse Participant Waiver and Release of Liability Form

Agreement: In consideration of my membership in US Lacrosse and of my participation of the sponsored activities of the Musketeer Lacrosse LLC, I acknowledge and agree to and understand that:

1. **READINESS TO COMPETE:** Voluntarily and my own free will I elect to participate as a member of the Musketeer Lacrosse LLC. I will only participate in those US Lacrosse competitions and activities sponsored by The Musketeer Lacrosse LLC for which I am physically and psychologically prepared to compete.

2. **MEDICAL ATTENTION:** I hereby give my consent to the US Lacrosse association and to the Musketeer Lacrosse LLC and the host organization of any US Lacrosse sponsored event to provide, through a medical staff of its choice, customary medical/athletic training, 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 the US Lacrosse association, the Musketeer Lacrosse LLC, the host organization, and the 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 participation in the event(s).

Parent's Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact/relationship \_\_\_\_\_ Phone # \_\_\_\_\_

