

## DELAX Club team Waiver

Please have postmarked by January 15th, 2007

Send along with \$400 Membership fee to -

Kim Ciarrocca Womens lacrosse

255 Peoples Way

Hockessin, De 19707

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Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: A M D GK

High School / Middle School School \_\_\_\_\_

HS Grad Year \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone # - \_\_\_\_\_

Athlete email- \_\_\_\_\_

Parents email- \_\_\_\_\_

Cell Phone # - Parents: \_\_\_\_\_ Athlete: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Emergency contact number- \_\_\_\_\_

Waiver of liability

In signing this application, I release DELAX, Prosports LLC & other involved parties from any claims or responsibility for injuries suffered in practices and tournaments. I knowingly assume all risks associated with participation, even if arising from the negligence of the participants or others, and assume FULL responsibility for my participation. I certify that I am in good physical condition and can participate in Delax Club. Further, I authorize the site director to request medical treatment as necessary to insure my well being.

Athlete \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_