Team Roster and Waiver Form	**Lax Max Youth Lacrosse Tournament** **This "completed" roster form must be turned in to the tournament committee prior to your team's first game. If not, all games played before roster is turned in will not count.**	**Year**:_____

PARENT'S WAIVER: I, the undersigned parent, certify that my child, named adjacent to my signature, has my permission to participate in the games and related activities of the Lax Max tournament. I acknowledge and understand that lacrosse is a dangerous sport and that there is a possibility of injury to my child. In consideration for my child's participation in the game of lacrosse, I hereby release, acquit and forever discharge indemnity, and hold harmless from any and all claims, demands, actions or causes of action for liability for damages arising out of, or in any way related to, my child's participation in lacrosse tournament play, the host site, tournament officers, directors, representatives, employees, agents, volunteers and representatives.
NOTICE: The Lax Max Tournament does not supply any form of medical coverage. All insurance coverage is the responsibility of the participating teams and organizations.

ALL PARTICIPANTS PLAY AT THEIR OWN RISK! THIS AUTHORIZATION IS IN EFFECT FOR THE PERIOD OF ACTIVE TOURNAMENT PLAY ONLY.

TEAM NAME		AGE GROUP	❑ BOYS ❑ GIRLS PARENT ORGANIZATION		
COACH CONTACT NAME			ASSISTANT'S NAME		
COACH/CONTACT ADDRESS			ASSISTANT'S ADDRESS		
PHONE (H)	(W)	CELL:	PHONE (H)	(W)	CELL:
E-MAIL			E-MAIL		

#	PLAYER'S NAME	ADDRESS & ZIP	D.O.B.	PARENT'S SIGNATURE	DATE

Participants 18 and older may sign the Release Form