



Annual Girls' Lacrosse High School 7v7 Tournament

WHEN: Sunday, October 25, 2015

WHERE: On GCU Lacrosse Field

Registration: 9:30 AM - Games begin @ 10:30AM

Tournament Details:

- Registration must be sent in before **October 22, 2015**.
- Cost is \$50 per player; cash or checks payable to Georgian Court University Women's Lacrosse.
- Each team is guaranteed at least three 25 minute games.
- Each team must have at least 7 field players, 1 goalie but *no more than 12 players per team*.
- Small sided turf fields.
- Each player must supply their own stick, goggles, mouthguard, sneakers/cleats.
- Goalies must also supply their own equipment.
- A Certified Athletic Trainer will be on site for emergencies, but will not be available for pregame treatment.
- Games will be officiated by GCU Women's Lacrosse Team members.
- **Every player must sign the Release Waiver attached to the registration form. If under the age of 18, please have parent or guardian cosign. If this form is not complete you will be ineligible to participate in this tournament. Absolutely no exceptions.**

Registration Form

Georgian Court University Women's Lacrosse 7v7 Tournaments

Team Name: _____ High School: _____

Name: _____ Address: _____

Phone Number: _____ Email: _____

Class (circle): Freshman Sophomore Junior Senior

Expected Graduation Year (circle): 2016 2017 2018 2019

Mail completed registration, release waiver, and check to:

Georgian Court University

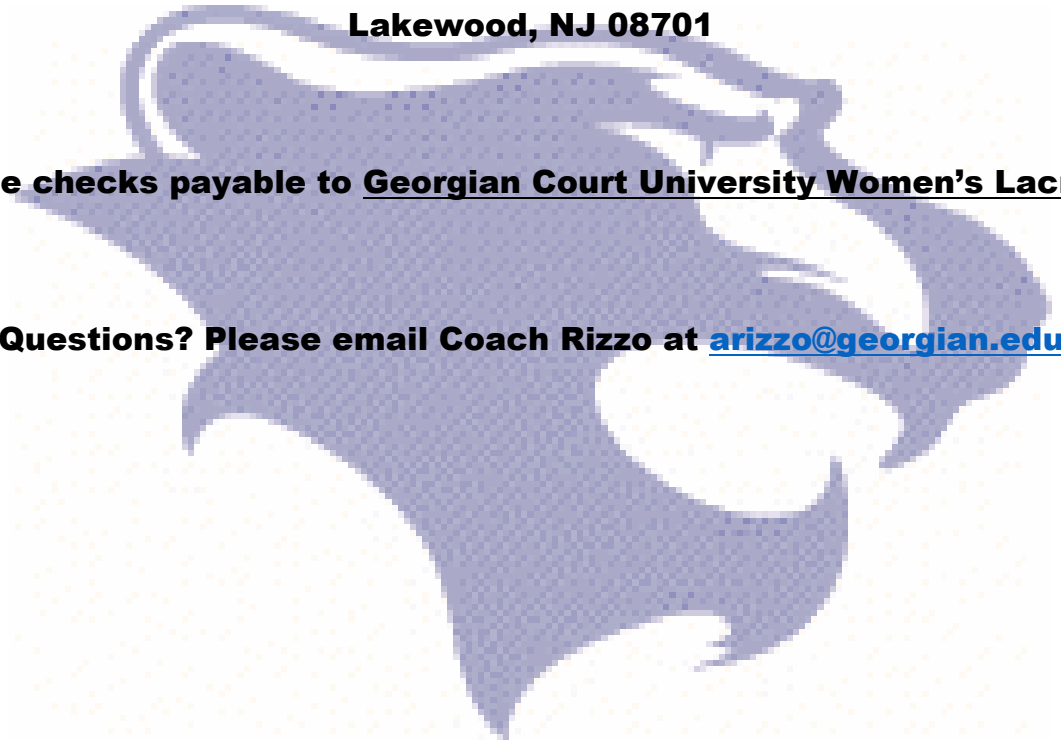
Attn: Amy Rizzo, Women's Lacrosse Head Coach

900 Lakewood Avenue

Lakewood, NJ 08701

***make checks payable to Georgian Court University Women's Lacrosse**

Questions? Please email Coach Rizzo at arizzo@georgian.edu



Waiver of Release of Liability and Assumption of Risk Agreement

This document pertains to the athletic event on the premises of Georgian Court University or any athletically related field where an event may occur in conjunction with the Georgian Court University Athletic Department.

I **acknowledge and fully understand** that _____ will be engaging in activities that involved risk of serious injury and that may cause severe social and economic losses which may result not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.

My signature releases, waives, discharges and absolves Georgian Court University from any responsibility pertaining to the aforementioned. My signature also provides consent for my child to receive medical care by the event's Certified Athletic Trainer and for emergency medical decisions to be made in my child's best interest.

I have read the above waiver, release and understand it. I also understand that I have signed this document voluntarily, intelligently and with full knowledge of its legal consequences as the guardian for

_____.

Guardian Name (Please Print)

Guardian Signature

Date

Emergency Contacts

Please provide the name and phone numbers of persons to contact in the event of an emergency. A **guardian's name and number must be listed**. This also gives consent for the information to be shared with the listed persons.

1. Name: _____ Relationship: _____

Phone: (H) _____ (C) _____

2. Name: _____ Relationship: _____

Phone: (H) _____ (C) _____

