

GULF STATES ELITE SEAGULLS

PLAYER INFORMATION FORM

NAME	
HOME ADDRESS:	
Player Home Phone:	Player Cell Phone:
E-Mail Address:	
DOB:	Gender: M F
Current Heights:	Current Weight:
Projected Year of Graduation	Preferred Jersey Number, if Any:
T-Shirt/Jersey Size	Shorts/Pants Size:
US Lacrosse Membership Number	US Lacrosse Membership Expiration Date:
Position 1 st Choice:	
Position 2 nd Choice:	
Position 3 rd Choice:	
<u>Parent/Guardian 1 Information</u>	
Parent/Guardian 1 Name:	
Home Address (if different from player):	
Parent/Guardian 1 Cell Phone:	Alternate Phone (Please list type, ie. Work, Home, etc.)
E-Mail Address:	
Emergency Contact: Y N	
Volunteer Preference	

Parent/Guardian 2 Information

Parent/Guardian 2 Name:

Home Address (if different from player):

Parent/Guardian 1 Cell Phone:

Alternate Phone (Please list type, ie. Work, Home, etc.)

E-Mail Address:

Emergency Contact:

Y

N

Volunteer Preference

Emergency Contact (If Other From Above)

Relationship To Player:

Name:

Home Address:

Emergency Contact Cell Phone:

Alternate Phone (Please list type, ie. Work, Home, etc.)

E-Mail Address:

GULF STATES ELITE SEAGULLS

MEDICAL RELEASE AND CONSENT TO PARTICIPATE AGREEMENT

In signing this form, I _____, the parent/legal guardian of _____, (player) agree to have taken the appropriate steps to ensure my son (the player) is physically fit and medically cleared to participate in Lacrosse.

The parent/legal guardian of the player agrees to complete and provide the medical history form to the Director of the Gulf State Elite Seagulls or designee at the start of the season. The parent/guardian should include any pertinent medical history, such as allergies to medications, food, environment, asthma, concussions, heart conditions, or other medical history/conditions that may render importance throughout the season.

The parent/legal guardian understands and consents that this medical information will be shared with the Gulf States Elite staff, coaches, and player safety volunteers.

The parent/legal guardian consents and grant the staff, coaches and/or volunteers of the Gulf States Elite the discretion and authority in case of an emergency, to seek and/or provide emergency or medical services needed for the player, resulting from participation in practices and competitions, including transportation to a medical provider or facility if necessitated. The parent and/or guardian agree they will be legally and fiscally responsible for any needed medical services administered to their child (the player).

The player and parent/guardian acknowledge and accept there are risks of injury with playing lacrosse and agree to unconditionally release and hold harmless the Gulf States Elite staff, coach, volunteer, or others persons associated with the league, from any and all claims for personal injury, death, property damage resulting from participation.

Parent/legal guardian name: _____

Parent/guardian signature: _____

Relationship to player: _____ *Date:* _____

GULF STATES ELITE SEAGULLS

WAIVER OF LIABILITY

Gulf States Elite Player Name: _____

In consideration of the above named player participating in the “Gulf States Elite” Lacrosse Program, the parent and/or legal guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge Shred Thread LLC, their officers, staff, coaches, administrators, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever directly or indirectly in connection with the player’s participation in the “Gulf States Elite” Lacrosse Program.

By signing below, I acknowledge that I have read and understand this waiver of liability and further understand the terms herein are contractual and not a mere recital.

Signature of Parent/Guardian:

Date: _____