Team Roster and Waiver Form	**Chocolatetown Shootout Youth Lacrosse Tournament** **This "completed" roster form must be turned in to the tournament committee by MONDAY, JULY 20st** Please mail to: P.O. Box 10993, Lancaster, PA 17605 or fax to (717) 293-0356)	**2010**

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 Chocolatetown Shootout Lacrosse 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, Crease Monkeys Lacrosse, Inc., and all of its officers, directors, tournament representatives, employees, agents, volunteers and representatives.
NOTICE: Crease Monkeys Lacrosse, Inc does not supply any form of medical coverage**.**

US Lacrosse Membership is not required but is highly recommended!

ALL PARTICIPANTS PLAY AT THEIR OWN RISK!

TEAM NAME	AGE GROUP	JERSEY COLORS:
CONTACT NAME		COACH NAME
CONTACT ADDRESS		COACH ADDRESS
PHONE (H) CELL:		PHONE (H) CELL
E-MAIL		E-MAIL

#	PLAYER'S NAME	ADDRESS	D.O.B.	US LACROSSE #	PARENT'S SIGNATURE