

# Texas Play Hard Lacrosse 2010-2011 REGISTRATION FORM

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Hs Graduation Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check level of player:

\_\_\_\_\_ Tier I: Elite Travel Team (tryout only) \_\_\_\_\_ Tier IV: Beginner Club

\_\_\_\_\_ Tier II-III: Advanced-Intermediate Clubs \_\_\_\_\_ Tier V: Youth Club

Player's Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Player's e-mail (please print clearly!): \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Mom's Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mom's Company/Special Skills/Areas of Interest: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Dad's Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Dad's Company/Special Skills/Areas of Interest: \_\_\_\_\_

Parent(s)' e-mail you want used for lacrosse notices. You'll get a lot of email from us –  
please give us your email address ONLY if you are willing to receive it. Please print clearly!

E-mail address (Mom): \_\_\_\_\_

E-mail address (Dad): \_\_\_\_\_

I give my permission to include the name, home address, email address and all phone  
numbers of the above player, mother and father in a roster that will be handed out only to  
other TPHLax team members & coaches. I understand that TPHLax will not post this info on the  
website. (please sign) \_\_\_\_\_

Website consent: I give TPH permission to put my daughter's picture and/or name on the TPH website.

Parent signature \_\_\_\_\_

Texas Play Hard, Inc.  
3571 Far West Boulevard #160  
Austin, TX 78731

# Texas Play Hard Lacrosse 2010-2011

## INFORMED CONSENT FORM

**I, the undersigned, acknowledge that Lacrosse is a sport involving strenuous exercise and personal body contact. As a condition to participating as a member of Texas Play Hard Lacrosse team I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic and other reasonable risk conditions associated with the sport. I do hereby hold the team, the coaches and agents harmless from any and all liability (including attorney's fee and costs) for all claims or damages due to injuries suffered by me, or caused to third parties by me, arising out of activities involving Lacrosse or any variation thereof excepting only those claims, actions, or damages caused by gross negligence or intentional acts. I agree to abide by all the rules of the TPHLax team and to follow explicitly all instructions given by coaches and persons authorized by the coaches and parents.**

**Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

***A PARENT OR GUARDIAN MUST ALSO SIGN BELOW:***

**I, the understated, as parent or guardian of the above applicant, certify that I have read the above application and that I consent to the applicant's participation in the sport of Lacrosse and that I agree to the provisions of the contract for myself and said applicant.**

**Parent's/Guardian's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_**

# Texas Play Hard Emergency Medical Information

Player's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Person to contact in case parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Family Doctor \_\_\_\_\_

Work Phone \_\_\_\_\_

Do you wear contacts while competing? Yes No

Allergies \_\_\_\_\_

Allergies to Medication \_\_\_\_\_

Any surgeries or previous injuries \_\_\_\_\_

Medication taken regularly \_\_\_\_\_

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel designated by TPH staff to treat my daughter.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date