



## APPLICATION TO PLAY LACROSSE

Weaver Athletic Association

**PLEASE READ AND FILL OUT THE ENTIRE FORM  
BOTH PARENTAL SIGNATURES REQUIRED AT BOTTOM**

**Please check level of play:**

**Midlothian HS:**  Varsity  JV      **Midlothian Middle:**  U-15  U-13

**Cosby HS:**  Varsity  JV      **Robious Middle:**  U-15  U-13

**Weaver:**  U-11  U-9

**CHECK HERE IF YOU DO NOT ATTEND ONE OF THESE SCHOOLS.**

You will be assigned to a team.

I/We, the parents of the above, a candidate for a position on the Weaver Athletic Association lacrosse team, an independent team, hereby gives my/our approval of his/her participation in any and all Weaver AA lacrosse sponsored activities.

I/We hereby release the owners and leasers of premises used to conduct the event against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless Weaver Athletic Association, the Organizers, Sponsors, Supervisors, Coaches, Referees, Participants and Persons transporting my/our son. We understand and agree that our medical insurance shall be the primary source of insurance for any medical services our son may need as a result in participating the lacrosse program.

Weaver AA may, but is not required to, provide supplemental medical insurance for medical services required because of participation in the lacrosse program.

I/We shall furnish a certified Birth Certificate or certified legal proof of birth or other legal proof as may be requested by Weaver AA for our son.

I/We grant Weaver AA its agents and designees, permission to verify, if necessary, my/our child's school records pertaining to birthdates and residence information only.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Both signatures are required before candidate is eligible to play in the League. If one parent has custody of candidate, state reason for missing parents signature.**

**Staff Only:**

|              |                    |                |                              |            |
|--------------|--------------------|----------------|------------------------------|------------|
| Season _____ | # of Players _____ | Reg Ck # _____ | Amt Paid _____               | Date _____ |
| WLL Forms    | Dep. Ck # _____    | Amt Paid _____ | Date Birth Certificate _____ |            |