



BEDFORD – EDGE SPORTS CENTER

2008 Winter Session 2 / SUNDAYS – Dec 7th, 2008 – Feb 1st, 2009

HS BOYS

Name _____ (Please print clearly)

Home Address _____

City _____ State _____ Zip Code _____

Phone _____ Date of Birth _____

E-Mail Address _____ Year of Graduation _____

Team Name _____ Coach _____

Position: Attack / Midfield / Defense / Goalie High School _____

Parents or Legal Guardian _____

Name of Insurance Company (Required) _____

Name of Insured _____ Relationship to Participant _____

Medical Issues (if any) _____

Consent and Release Form:

I, the undersigned parent or guardian of my child, a minor, do hereby consent to my child's participation in the voluntary lacrosse programs of the Raptor Indoor Lacrosse. I also agree to forever release the Sports Complex, and all their Employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary lacrosse programs of the Raptor Indoor Lacrosse ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the voluntary lacrosse program of the Raptor Indoor Lacrosse.

I also promise to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the voluntary lacrosse programs of the Raptor Indoor Lacrosse.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Raptor Indoor Lacrosse programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in the voluntary Raptor Indoor Lacrosse Program.

I certify that the applicant is in good physical condition and may participate in the Raptors Lacrosse League. I give Raptors Lacrosse permission to seek emergency medical care for my child. I also agree and certify that the insurance information provided is correct and current and agree to assume any/all responsibility for any medical expense incurred.

Parent or Legal Guardian Signature _____ (Required for any player under 18)

Player Signature _____ Date _____

Session 2 begins on Sunday, December 7th, 2008 -- Player Registration Fee is \$175 per Session.

Please make checks payable to: "Raptors Lacrosse" – No Refunds

Please submit completed applications to team captain/coach. *Check Here if "Free Agent"*

**Team Captain/Coach: Please send completed team package (along with roster) to:
 Raptors Lacrosse, PO Box 361, Billerica, MA 01821**