



US DEVELOPMENT TEAM

USIL 2010 US Development Team Application

\$30.00 APPLICATION FEE IS NON-REFUNDABLE

Mail / Email or Fax registration form to:

US Indoor Lacrosse
P.O. Box 1097
Haddonfield, NJ 08033
p: 704.906.1777
f: 704.973.9156
e: usildt@usindoorlacrosse.com
w: www.usindoorlacrosse.com

PLAYER INFORMATION

Players Last Name			First		Middle Initial	Position <input type="checkbox"/> Forward <input type="checkbox"/> Transition <input type="checkbox"/> Defense <input type="checkbox"/> Goalie		Hand L R	
Birth Date (MMDDYY)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Height Ft In	Weight	Current Team	College		Grad. Year	
Mailing Address			City		State	Zip Code	Phone Number ()		
Email		Name of Current Head Coach or GM			Head Coach / GM Phone:				
					Head Coach / GM Email:				

LACROSSE HONORS

College	Post College	Professional
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REFERENCE *(List one additional individual other than your family or Head Coach who can attest to your ability and character)*

Name	Relationship	Phone
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EMERGENCY CONTACT INFORMATION AND WAIVER OF LIABILITY

Name of Contact (Please Print)	Relationship to Player	Emergency Number ()
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RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK

In consideration of being permitted to participate in any way in a USIL event; I, for myself for personal representatives, assigns, heirs, and next of kin: Acknowledge, agree, and represent that I understand the nature of lacrosse activities and that I am qualified, in good health, and in proper physical condition to participate in such activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity. Fully understand that: (a) activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death ("risks"); (b) these risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the activity, the condition in which the activity takes place, or the negligence of the "releasees" named below; (c) there may be other risk and social and economic losses either not known to me or not readily foreseeable at this time; and i fully accept and assume all such risks and all responsibility for losses, costs, and damages i incur as a result of my participation or that of the minor in the activity. Hereby release, discharge, and covenant not to sue us - US Indoor Lacrosse Inc., their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the activity takes place, (each considered one of the "releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

X _____
SIGNATURE DATE

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS
More Info: www.usindoorlacrosse.com

