

# CASCADE CUP LACROSSE TOURNAMENT 2010 REGISTRATION FORM

Team Name \_\_\_\_\_ Club/Affiliation \_\_\_\_\_

Division (Select) High School Varsity Division I

High School Varsity Division II\*

Middle School rising Star

Coach \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_



- Registration fee is **\$950.00** for High School Teams
- Registration fee is **\$750.00** for Middle School Teams

\*Division II availability based up on participation numbers. If too few Division II teams, all teams signed up for High School will play in one Varsity Division

**A \$150.00 nonrefundable deposit is due June 10<sup>th</sup> that will hold a team's spot. Full payment is due by July 16<sup>th</sup> with roster. (Attached)**

Rosters to be mailed or emailed to

[bchultz@comcast.net](mailto:bchultz@comcast.net)

Mail Completed form with check payable to **Snohomish Lacrosse** to:

Brian Hultz  
15432 67<sup>th</sup> DR SE  
Snohomish, WA  
98296



**All parents/players must complete a Waiver of Liability/Medical Release Form (attached). These must be turned in at the tournament headquarters, as a team, prior to the team's first game.**

## Roster Notes

1. No player may compete, or be rostered, on more than one team during the tournament. Any team with a player in violation of this rule will forfeit all games in which the player is known to have competed and forfeit the opportunity to advance to the playoff round.
2. Any player that has competed in High School (Fresh/Soph, JV or Varsity) must compete in the High School division. They are ineligible to compete at the Middle School Rising Star level.
3. All players must be US Lacrosse member and provide number on roster
4. Rosters may be updated before the first game due to changes

# CASCADE CUP LACROSSE TOURNAMENT

July 30<sup>th</sup> –August 1, 2010

## WAIVER OF LIABILITY

In consideration of participating in the Cascade Cup Lacrosse Tournament, the player named below and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge Snohomish Lacrosse, Kandace Harvey, Harvey Airfield, The Cascade Cup Tournament, their officers, staff, administrators, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever arising directly or indirectly in connection with the player's participation in the Cascade Cup Lacrosse Tournament. By signing below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.

Player's Name \_\_\_\_\_ US Lacrosse #: \_\_\_\_\_

Team \_\_\_\_\_

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

## MEDICAL RELEASE AUTHORIZATION

I/we being the legal guardians of the applicant authorize the staff of the Cascade Cup and Snohomish Lacrosse and their agents permission to request treatment as necessary to ensure the well being of our dependent. I certify that she is in good health and able to participate in the scheduled games. I am attaching a note explaining any special physical limitations and/or required medical attention that is necessary for my daughter

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

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

Health Insurance Policy Number \_\_\_\_\_



