

COLORADO GIRLS LACROSSE ASSOCIATION (CGLA) Registration Form

Name_____

Parents' Names_____

Current Grade_____School_____DOB_____

Address_____

Home Phone_____Emergency Cell (required)_____

Email address_____

US Lacrosse Member Y/N_____Member # _____

Club, Team and Coach name_____

Experience: Years of Play_____ Beginner__Intermediate__Advanced__

PARENT AUTHORIZATION: I hereby certify that my daughter is in good physical health and can participate in all CGLA activities. In the event that I cannot be reached in a medical emergency, I hereby authorize the staff of CGLA to act for me according to their best judgment. I hereby waive, release and forever discharge any and all rights and claims which I or my child may have now or which may accrue to any of us in the future, against CGLA, its coaches, municipalities and special properties and any others involved in the CGLA events and programs, for any and all damages which may be sustained or suffered by any of us in connection with the events or activities, which the CGLA organization sponsors or is involved.

I understand that my daughter is to bring her mouth guard and goggles (when mandated) and that she is responsible for wearing them during the CGLA event.

Parent/Guardian Signature_____Date_____