

# Ghoul Games Ghoul Games



## TEAM REGISTRATION FORM for 2009 Ghoul Games (10/18/09)

Team Name: \_\_\_\_\_

Grade:           9<sup>th</sup> & 10th \_\_\_\_\_           11<sup>th</sup> & 12th \_\_\_\_\_

**Lacrosse Contact Person:** *(may or may not be the coach but should be the primary contact for your organization regardless of level)*

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Coach: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Fee: \$350 per team – must be postmarked on or before October 3, 2009.**

**Please send a copy of your certificate of insurance along with your check.**

**Make checks payable to: Hamburg Youth Lacrosse Incorporated and mail to:  
Hamburg Youth Lacrosse, Incorporated  
5999 South Park Avenue #151  
Hamburg, NY 14075**

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## AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY FORM

**Bring one per player on the day of the Ghoul Games (10/18/09)**

PARENTS – Please read the following, sign the form and provide the requested information.

In consideration of being allowed to participate in any way in the Hamburg Youth Lacrosse Incorporated Ghoul Games and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, play or the condition of the premises or of any equipment used.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue HAMBURG YOUTH LACROSSE INCORPORATED its affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as “releases”, from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

**I/WE have read the above waiver and release, and I/WE understand that I/WE have given up substantial rights by signing it and I/WE hereby sign it voluntarily.**

\_\_\_\_\_  
Parent or Guardian (Signature/Relationship)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (Signature/Relationship)

\_\_\_\_\_  
Date

Printed Name of Parent(s) or Guardian(s): \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_

Full Address of Participant: \_\_\_\_\_

\_\_\_\_\_

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**TEAM NAME:**

**COACH:**

**PLAYER NAME**

**GRADE**

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