

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 _____