

queen city stars

2010 SUMMER TRYOUT REGISTRATION FORM

TRYOUTS – SUNDAY, APRIL 25TH 1:00-4:00 PM @ REVOLUTION PARK (2425 Barringer Drive, Charlotte, NC)

Player Name _____ DOB _____ Age _____ Graduation Year _____

Player Phone Number (_____) (_____) _____
home cell

Player Email _____

Address _____ City _____ State _____ Zip _____

High School _____ Coach's Name _____

Height _____ Years Experience _____ Position _____ Lacrosse Accolades _____

Check this box if you would like to be considered for the DEVELOPMENTAL TEAM ONLY.

(Keep in mind 2011-2014 players are eligible for the travel teams and 2013-2015 are eligible for the developmental team. Players who do not make the travel team and have grad years 2013 and 2014 will automatically be considered for the developmental team.)

POSSIBLE SCHEDULE CONFLICTS

Please let us know in advance of any conflicts you might have with practices or tournaments dates and times. (See the calendar on queencitystars.com)

Date _____ Reason _____

Date _____ Reason _____

US LACROSSE INFORMATION

For insurance reasons, we are asking for all the participants to be members of US Lacrosse. You must provide proof of current membership by the tryout.

US Lacrosse Membership Number _____ Expiration Date _____

EMERGENCY INFO AND CONSENT

Parent/Guardian Name _____ Phone (_____) (_____) _____
home cell

Parent/Guardian Name _____ Phone (_____) (_____) _____
home cell

Parent/Guardian Email(s) _____

Alternate person who can be contacted in case of an emergency:

Name _____ Relationship _____ Phone (_____) (_____) _____
home cell

All players must have their own medical coverage. Players will not be allowed to play unless the following information is submitted and the parent and/or guardian of the player sign the form.

Player's Insurance Co. _____ Policy No. _____

Address _____ Phone _____

I, the undersigned, hereby certify that I am the parent or legal guardian of the player. I certify that the applicant is in good health and may take part in the full club program. Following, if applicable, are any exceptions, along with a list of allergies or sensitivities to medication (especially penicillin). Attached is any other vital medical information. I understand that there will be no trainers at club practices. In case of emergency, one of the club directors will contact the designated person or me as soon as possible (required by insurance and area hospitals). Furthermore, I hereby give permission for the club directors to seek appropriate medical attention for the player in the event of accident, injury, or illness. I will be responsible for all costs of medical attention and treatment.

During the period of the tryout I, undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Catherine LeBlanc, Kristy Fairhurst, Dee Bier, Allison O'Brien, Lindsay Killian, Meghan Dennehy and their staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in club activities, whether or not damages, injury, or loss is due to negligence. I acknowledge that my daughter is applying to this club and give my approval to this application and to the provisions stated above.

Parent/Guardian Signature _____ Date _____

Special Medical Instructions _____

PAYMENT

Tryout Fee – Early Registration \$35.00 (received on or before Saturday, April 24th)

Tryout Fee – Late Registration \$50.00 (received on Sunday, April 25th)

Total \$ _____ (checks payable to: laxCharlotte, Inc.)

Mail your form and payment to:

**Queen City Stars
c/o Kristy Fairhurst
2332 Bay Street
Charlotte, NC 28205**