

# 2019 LIVONIA RAPTORS REGISTRATION AND ASSUMPTION OF RISK, Page 1 of 2

Print Parent, Custodian or Guardian Name Below

I (we), parents or legal guardians, \_\_\_\_\_, agree by participating in Livonia Raptors Lacrosse, which includes **any** Lacrosse activity, do hereby accept **all** responsibility for my child (or participant) as parent/custodian or legal guardian. In case of **any** incident, I/we (above named) are financially responsible for, but not limited to items such as ambulance service, doctor's fees, hospital fees, etc.. My child is in good physical condition and able to participate without restriction. In Case of Emergencies:

- I/we give our consent for the team personnel to administer first aid until your family doctor can be contacted.
- I/we give our consent for the coaches to use their judgment in securing medical aid and ambulance in severe cases if I/we cannot be contacted immediately.
- I/we give our consent for the hospital, their agents and/or licensed physician to administer emergency medical treatment as they deem necessary in case it is needed.

## WAIVER/RELEASE OF LIABILITY, HOLD HARMLESS & ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the Livonia Raptors Lacrosse, including its related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in Lacrosse is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist;
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, even if arising from negligence, and assume FULL responsibility for my and/or my child's participation;
3. I, individually and/or on behalf of my minor child, and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the Livonia Lumberjax Lacrosse and Livonia Raptors Lacrosse, its member teams, leagues and organizations, including their officers, directors, board members, officials, agents, coaches, volunteers, other participants, and, if applicable, owners and leasers of premises used to conduct the event, for **ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property, regardless of whether the injury or loss arises is a result of negligence.

Youth S M L XL (circle one)

Please Complete per Player:

Player T-Shirt Size: Adult S M L XL 2XL (circle one)

Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: 2 3 4 5 6 7 8 (circle)

School: \_\_\_\_\_

Mother Name: \_\_\_\_\_ (M) Cell: \_\_\_\_\_

Father Name: \_\_\_\_\_ (F) Cell: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

# 2019 LIVONIA RAPTORS REGISTRATION AND ASSUMPTION OF RISK, Page 1 of 2

In consideration for my child's participation with the Livonia Raptors Lacrosse, I hereby acknowledge and agree to be bound by the terms of this agreement. I fully understand and agree that the registration fee and any other fees associated with my child's participation with the Livonia Raptors is non-refundable and that I am responsible for the total amount of all fees upon registration, regardless of whether my child ultimately leaves the team for any reason, to include disciplinary actions, code of conduct violations, injury or other. I further agree that I will abide by the terms of any and all payment plans/agreements, to include timely payments. Should I fail to make any payments as required for my child's participation, I understand and acknowledge that the Livonia Raptors Lacrosse have the right to pursue any and all legal options to collect any unpaid fees.

Players remain responsible for their protective equipment including a NOCSAE certified lacrosse helmet, shoulder/elbow/rib pads, gloves, stick, mouth guard, cleats, athletic supporter, etc..

Costs are based on rostering 20 players per team. Registration fees per player are \$320 (all levels). There is a no refund policy. Uniforms are an estimated \$85 additional expense by the parents. Each family may be required to volunteer during a game day or special event.

As the legal guardian, parent or custodian of the child (or participant), I have read the entire registration form, concussion awareness, parent and player code of conduct form(s) and agree in its entirety to the conditions outlined within all documents including this registration.

**Parent, Custodian, Guardian  
Signature Empowered to sign  
and accept risk for Player:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Player Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Make checks payable to **Eric Young for Livonia Raptors**. Payment for uniforms will be due upon receipt, estimated at \$85 each. Registration forms and payment are **due by February 3**, please mail to **Eric Young 19356 Pollyanna Drive, Livonia, MI 48152**, OR, **register in person at same address from 10:00AM – 11:30AM Saturday February 2**.

