

**LADY OUTLAWS
GIRLS LACROSSE
TRYOUT PLAYER
INFORMATION SHEET**



NAME _____

GRADE _____

POSITION _____

DATE OF BIRTH _____

HOME PHONE _____

SCHOOL/PROGRAM _____

EMAIL _____



PARENT'S NAMES _____

PARENTS' EMAIL _____

HOME ADDRESS _____

CITY _____

ZIP CODE _____

I/We, the below:

Participant(s) and/or spouse and/or parents/guardians of the above Participant(s), do hereby consent to my/our/his/her participation in the above Program including all activities incidental to the Program. I/We assume all responsibilities for, and risk and hazards of, participation in the Program, including transportation to and from all activities in the Program. In consideration of being allowed to participate in the Program, I/We hereby release and forever discharge Fulton County Board of Education/Fulton County Schools, The City of John's Creek, Newtown Recreation, Inc., and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any and all claims, actions or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as a result of, my/our/his/her participation in the Program and all activities incidental to the Program. I hereby give Newtown Recreation permission to take photographs of me or photographs in which I may be involved with others without compensation to me. These photographs may be used by Newtown Recreation for promotional and information purposes in print, on the Newtown Recreation website and in other media.

SIGNATURE _____