

Team Roster and Waiver Form	<h2 style="margin: 0;">Lax Max Maryland Youth Lacrosse Tournament</h2> <p style="margin: 0; font-size: small;">Your "completed" roster-waiver form must be received by the tournament committee no later than 7 days prior to the event. Forms turned in after that date must be hand delivered to tournament headquarters located at the Friendship Valley School prior to your first game. If this form is not on file, then your team will be disqualified from participation.</p>	Year: 20__
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PARENT'S WAIVER: I, the undersigned parent, certify that my child, named adjacent to my signature, has my permission to participate in the games and related activities of the Lax Max Maryland Lacrosse Tournament. I acknowledge and understand that lacrosse is a dangerous sport and that there is a possibility of injury to my child. In consideration for my child's participation in the game of lacrosse and the Lax Max Tournament, I hereby release, acquit and forever discharge indemnity, and hold harmless from any and all claims, demands, actions or causes of action for liability for any damages arising out of, or in any way related to, my child's participation in this lacrosse tournament play, the host site, all officers, directors, volunteers, representatives, employees, agents, volunteers and representatives of the tournament; Pikesville Sports; MASCOM Sports; MAS Communications, Inc.; Carroll County, MD; Carroll County Department of Recreation and Parks; the City of Westminster (MD) Recreation and Parks Department and Carroll County Public Schools.

NOTICE: The Lax Max Tournament does not supply or provide any form of medical coverage to the participants. All insurance coverage is the responsibility of the participating teams, organizations and players.

ALL PARTICIPANTS PLAY AT THEIR OWN RISK! THIS AUTHORIZATION IS IN EFFECT FOR THE PERIOD OF ACTIVE TOURNAMENT PLAY ONLY.

TEAM NAME	AGE GROUP	<input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS	PARENT ORGANIZATION
COACH CONTACT NAME		ASSISTANT'S NAME	
COACH/CONTACT ADDRESS		ASSISTANT'S ADDRESS	
PHONE (H)	(W)	CELL:	PHONE (H) (W) CELL:
E-MAIL			E-MAIL

#	PLAYER'S NAME	ADDRESS & ZIP	D.O.B.	PARENT'S SIGNATURE	DATE