



2010 Tryout Registration Form

Office use only:	
Check _____	Cash _____
1 st Try-out	2 nd Try-out

Please Print Clearly

Player Name: _____

Player Birthdate: _____

Street Address: _____

City, State, Zip: _____

School: _____ Current Grade: _____

Parents' /Guardians' Names: _____

Home Phone#: _____

Parent Cell#: _____

Email info (please print CLEARLY):

Parents _____ Players _____

Are you a member of US Lacrosse? Yes No If yes, US Lacrosse # _____

Year's lax experience: _____ Position: _____

Lax club experience: _____

FOR PLAYERS GRADUATING IN 2011 ONLY

Are you planning on playing in college? Yes No

Waiver to be signed by Parent/Guardian

I certify that the above named applicant is in good health and is given my permission to participate in this program. I understand that there is some risk in playing lacrosse and lacrosse related activities. And I am willing to assume those risks. I certify that my child has no ailments or disabilities that would prevent my child from participating in competitive lacrosse activities. I hereby agree to hold harmless Central Jersey Select and the Bobby Campbell Foundation, its agents employees and contractors from any and all claims for injury or illness incurred by my child during participation in this program. In case of emergency, I grant permission to have my child given emergency treatment at a local hospital.

Signature: _____ Date: _____