

# PHANTASTIX

## Lacrosse

Please complete and return with your dues to:

CAC, Inc. 2045 Grantham Rd Berwyn, PA 19312

PLEASE PRINT:

Name \_\_\_\_\_ Parents' Names \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Player's Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Graduation Year \_\_\_\_\_

School Team (Please Circle): **Varsity** **JV** **Freshman** **8<sup>th</sup> Grade** **7<sup>th</sup> Grade** **N/A**

Shirt Size: S M L XL Shorts Size: S M L XL (adult sizes)

Player's Email Address \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

\* Please indicate the email address(es) to which we should send team notices ~ either circle or mark with an asterix.

Parent's Cell Phone \_\_\_\_\_

### PROMISE OF COMMITMENT

I understand that participation in the Phantastix Lacrosse Club requires a full and sincere commitment of time and interest. My signature below attests to my availability and my promise to commit to the team and organization. I understand that failure to fulfill my obligations to the team will result in my being removed from the team roster.

\_\_\_\_\_  
Player's signature Date

\_\_\_\_\_  
Parent/Guardian signature Date

\* All PHANTASTIX players must be current members of US Lacrosse. Any prior Club member who receives a notice of renewal from US Lacrosse must renew her membership immediately or risk dismissal from the Club. New Club members must be members or join US Lacrosse prior to April 30th to be eligible to participate in summer tournaments and games.

US Lacrosse Member # \_\_\_\_\_ Expiration Date \_\_\_\_\_

# PHANTASTIX LACROSSE

## MEDICAL RELEASE FORM

(Includes all related activities ~ games, practices, clinics, travel, scrimmages, etc.)

Player's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

### Emergency Contact (other than Parents)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Recognizing the possibility of physical injury associated with lacrosse and in consideration for the PHANTASTIX Lacrosse Club and its affiliated organizations, including but not limited to College Athlete Connection, Inc. and CrosseFire Lacrosse, I hereby release, discharge, and/or otherwise indemnify PHANTASTIX Lacrosse (including coaches, directors, and/or others acting on its behalf), their affiliated organizations and sponsors, their employees and associated personnel, including other owners of fields and facilities utilized for the Program, against any claim by or on behalf of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize. Therefore, I grant (coaches) JoAnn Yusko, Susan Frazier, Lorraine Beers, Dee Cross, Jen DePetris, Maureen Hager, Karen Martellucci, Katelyn Martin, Margie Garrity, Gwen Hicks, Chrissy Poplawski, Gabija Radzius, and Lucinda Boalton and/or, in their absence, other responsible adults present acting on their behalf permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor or medicine or dentistry. I also assume financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name (PRINT): \_\_\_\_\_