



# 7-on-7 Girls Lacrosse Tournament

*Sponsored by SENATOR JACK MARTINS*

**SATURDAY JULY 14, 2012**

**Dutch Broadway School  
Assemblyman Tom Alfano Basketball Courts  
1880 Dutch Broadway  
Elmont, New York 11003**



**Tournament Team Name:**\_\_\_\_\_ (please print)

## **PLAYER 1 – Captain**

Name:\_\_\_\_\_ Age: \_\_\_\_\_  
Address:\_\_\_\_\_ Grade: \_\_\_\_\_  
City:\_\_\_\_\_ State:\_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### **Parent/Guardian Signature Required** (Permission and understanding of Release/Waiver \*):

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **PLAYER 2**

Name:\_\_\_\_\_ Age: \_\_\_\_\_  
Address:\_\_\_\_\_ Grade: \_\_\_\_\_  
City:\_\_\_\_\_ State:\_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### **Parent/Guardian Signature Required** (permission and understanding of Release/Waiver \*):

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **PLAYER 3**

Name:\_\_\_\_\_ Age: \_\_\_\_\_  
Address:\_\_\_\_\_ Grade: \_\_\_\_\_  
City:\_\_\_\_\_ State:\_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### **Parent/Guardian Signature Required** (permission and understanding of Release/Waiver\*):

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **Player 4**

Name:\_\_\_\_\_ Age: \_\_\_\_\_  
Address:\_\_\_\_\_ Grade: \_\_\_\_\_  
City:\_\_\_\_\_ State:\_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Player 4 Parent/Guardian Signature Continued on Back....**

**Player 4 Parent/Guardian Signature Required** (permission and understanding of Release/Waiver \*):

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Player 5**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Parent/Guardian Signature Required** (permission and understanding of Release/Waiver \*):

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Player 6**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Parent/Guardian Signature Required** (permission and understanding of Release/Waiver \*):

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Player 7**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Parent/Guardian Signature Required** (permission and understanding of Release/Waiver \*):

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*Sportsmanship Pledge:** I realize that I am responsible for my personal conduct and the conduct of my teammates throughout the duration of this tournament, both on and off the court. I vow to represent myself and my team in a sportsmanlike manner and to treat teammates, opponents, spectators, and volunteers with respect.

**\*Release/Waiver:** I acknowledge that my child will be participating in the 7-on-7 Girls Lacrosse Tournament on Saturday, July 14, 2012. I understand that this activity may require physical conditioning and/or skill, and I certify that my child is physically capable of participating in this activity. I also understand that there may be risks associated with this activity and I agree to follow all applicable instructions, rules and regulations during the course of my child's participation. I agree to release the Elmont Union Free School District, Board of Education, Superintendent of Schools, Dutch Broadway School and all other tournament hosts, organizers, and volunteers from responsibility for any injuries that my child may sustain while engaged in this activity. I hereby grant full permission to use any photographs, videotapes, or recordings of my child's likeness from this event for any purpose without reimbursement of any kind.

**Please return completed registration form to:**

**3-on-3 Basketball Tournament**  
567 Oakley Avenue  
Elmont, New York 11003  
Or e-mail:  
[scottcushing1@gmail.com](mailto:scottcushing1@gmail.com)