Team Roster and Waiver Form	**Lax Max Youth Lacrosse Tournament** **This "completed" roster-waiver form must be turned in to the tournament committee a minimum of ten (10) days prior to the start of the event. If this form is not on file, then your team will be disqualified from participation.**	**Year**:_____

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 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, 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 damages arising out of, or in any way related to, my child's participation in lacrosse tournament play, the host site, all officers, directors, volunteers, representatives, employees, agents, volunteers and representatives of the tournament, Pikesville Sports, MASCOM Sports and MAS Communications..
NOTICE: The Lax Max Tournament does not supply any form of medical coverage. All insurance coverage is the responsibility of the participating teams and organizations.

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

TEAM NAME	AGE GROUP	❑ BOYS ❑ 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