

IRONDEQUOIT LACROSSE TOURNAMENT

JUNE 27-28, 2009

PARENTAL PERMISSION FORM

Sponsored by **BRINE**

I give permission for my child to participate in the Irondequoit Lacrosse tournament in signing this form, I release the Irondequoit Lacrosse Board, West Irondequoit School District, West Irondequoit High School and the league coordinators thereof any responsibility in case of injury sustained in the course of normal play. I understand further that they are not responsible for the loss or theft of personal or team articles.

Team Name _____ Sex M F Age Group _____

PLAYERS NAME	PARENTS SIGNATURE	EMERGENCY CONTACT & NUMBER	Date of Birth
1.			
2.			
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NO PLAYER MAY PARTICIPATE IN THE TOURNAMENT UNLESS A PARENT OR GUARDIAN SIGNS THIS FORM. PLEASE RETURN COMPLETED FORM TO MARK ENRIGHT BY JUNE 15TH AT 195 EASTGATE DR. ROCHESTER, NY 14617

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