

2011 Blaze Lacrosse Club Tryout Registration Form

Tryout Date: December 30th - U14 and Rising Freshman 10am-12pm
Rising Soph., Rising Jun., Rising Seniors 1pm-3pm

Tryout Location: Total Sports Experience- 880 Elmgrove Road, Rochester, NY 14624 (585) 458-4263

Trying out for (circle one) U14, Rising Fresh, Rising Soph, Rising Jun., Rising Seniors

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Primary E-Mail _____ Secondary E-mail _____

Home phone # _____ Son's Cell Phone _____

Mother's Name _____ Father's Name _____

Mother's cell# _____ Father's cell# _____

Mother's work# _____ Father's work# _____

Age _____ D.O.B. _____ Current Grade (09-10) _____

Graduation Year _____ School _____ Position _____

I give my son _____ permission to participate with
The Blaze Upstate Lacrosse Club. I understand that he will be
covered by my own family insurance and may be eligible for
supplemental insurance with their US Lacrosse membership. I also
understand that by participating in this sport that injury may occur and do not hold The Blaze Upstate
Lacrosse Club, its staff, or associated participating organizations liable.

Parent Signature _____ Date _____

Please Complete form and send \$20 Tryout fee to:

Blaze Lacrosse
1 Waterworks Lane
Fairport, NY 14450

