



**girls
inc.**

Inspiring all girls
to be strong,
smart, and bold

BLOOMINGTON LYNX LACROSSE
Girls Inc Middle School Team
2026 Season

Player Information:

Full Name: _____ Age: _____ Date of Birth: _____

Grade (Check one): _____ School Name: _____

- ☐ 5th Grade
☐ 6th Grade
☐ 7th Grade
☐ 8th Grade

Address: _____ City: _____

State: _____ Zipcode: _____

Parent/Guardian Information:

Name: _____

Relationship to Player: _____

Email: _____

Phone: _____

Emergency Contact Information:

#1 Emergency Contact Name: _____

Relationship to Player: _____

Email: _____

Phone: _____

#2 Emergency Contact Name: _____

Relationship to Player: _____

Email: _____

Phone: _____

Medical Information:

Does the player have any medical conditions/allergies? (Please specify):

Does the player have medical insurance? (Check one):

- ☐ Yes
☐ No

Insurance Provider: _____

Policy Number: _____

Lacrosse Experience:

Has the player played lacrosse before?

- ☐ Yes
☐ No

If yes, how many years of experience? _____

Please rate the player's skill level (Check one):

- ☐ Beginner
☐ Intermediate
☐ Advanced

Team Information

Jersey Sizing (Adult Sizes):

- ☐ Small
☐ Medium
☐ Large
☐ X-Large

Jersey Sizing (Child Sizes):

- ☐ Small
☐ Medium
☐ Large
☐ X-Large

If your child's size is not listed above, please list it here: _____

Medical Waiver & Consent:

INSTRUCTIONS:

- 1) Each player must read the statement below before completing and signing this Waiver & Release.
- 2) Parents & Guardians must read the statement below before signing this Waiver & Release.

AGREEMENT:

In consideration of my participation in the sponsored activities of the Bloomington Lacrosse Inc. and Girls Inc camp/clinic, I acknowledge, agree to, and understand that:

1. **WAIVER & RELEASE OF LIABILITY:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that Bloomington Lacrosse Inc and Girls Inc, the host organizations, and sponsors of any Bloomington Lacrosse Inc. and Girls Inc sanctioned event, along with coaches, volunteers, employees, agents, officers, and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event, or as a result of equipment that may have been provided for me for these activities.
Additionally, I acknowledge that I am aware of and will follow my team's Return to Play Policy as outlined by the US Lacrosse, Bloomington Lacrosse Inc. and Girls Inc, the CDC, and state and local government guidelines.
2. **MEDICAL ATTENTION:** I hereby give my consent to Bloomington Lacrosse Inc. and Girls Inc, and the host organization of any Bloomington Lacrosse Inc. & Girls Inc, related event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and/or emergency medical services as warranted in the course of my participation in Bloomington Lacrosse Inc. and Girls Inc events.
3. **READINESS TO COMPETE:** I will only participate in Bloomington Lacrosse Inc. and Girls Inc competitions for which I believe I am physically and psychologically prepared to compete.

Player Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____