Central NY's Premier Lacrosse Organization

Coaches Waiver/Team Registration

Coaches Waiver

I (coach as identified below) acknowledge that I am qualified to coach in the Tri-City Lacrosse, Inc. Indoor Lacrosse League. I understand that all of my players, as well as myself, are required to purchase US Lacrosse, Inc. insurance to participate in this league. I also acknowledge that I have verified each player's US Lacrosse account is up-to-date.

Coaches Contact Information

Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Coach's Signature: _____

Team Roster:

Player Name	US Lacrosse Number	D.O.B.

Privacy Statement: This form will be used solely to verify each players US Lacrosse Insurance is up-to-date. This form not be kept on file and will be destroyed at the end of the lacrosse season it is used for.