Central NY's Premier Lacrosse Organization

Holiday Open Team Waiver 2022

Team Name: _____

Coach Name: _____ **Phone:** _____

As a player I attest to the following:

1. I agree to the full hold harmless agreement provided on www.tricitylacrosse.org.

I WILL NOT attend games/practices if:

2. I have knowingly been in close contact in the past 7 days with COVID-19
3. I have tested positive for COVID-19 in the past 7 days.
4. I have experienced any symptoms of COVID-19 in the past 7 days and have not gotten tested.

Signed:

Player Name	Phone Number	Parent/Player Signature

Privacy Statement: This form will be used solely to verify each players US Lacrosse Insurance is up-to-date or to contact you in the unlikely event of COVID-19 exposure. This form not be kept on file and will be destroyed at the end of the lacrosse season it is used for.

Contact Info: Andy Farrell (315-269-7320)