

**AMERICAN LACROSSE LEAGUE
PLAYER WAIVER & MEMBERSHIP REGISTRATION FORM**

USL Member # _____ Exp. Date: ____/____/____ Date of Birth: ____/____/____

Team Name: _____ Conference: _____

Last Name: _____ First: _____ MI: _____

Street address: _____ Apt. # _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ E-mail: _____

WAIVER & RELEASE:

I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death as well as other damages and losses associated with participation in a lacrosse event. I agree on behalf of myself, my heirs, and personal representatives that US Lacrosse Inc., the American Lacrosse League and its member teams, the host organization, and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a Covered Event.

This Waiver & Release shall also be for the benefit of and run in favor of the American Lacrosse League and its member teams who require participants to become members of US Lacrosse Inc. as a condition to their participation in such organization's lacrosse events, which shall constitute Covered Events for purposes of this Waiver & Release, and the American Lacrosse League and its member teams shall constitute the host organization for such Covered Events.

MEDICAL ATTENTION:

I hereby give my consent to US Lacrosse Inc., the American Lacrosse League and its member teams, and the host organization of any Covered Events to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in Covered Events.

READINESS TO COMPETE:

I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete.

PLAYING EQUIPMENT: I acknowledge that the American Lacrosse League and its member teams do not have the capability, nor are those organizations established to test helmets and any other equipment, but they strongly recommend the use of equipment that has received the approval of the NCAA.

Signature: _____ Date: _____

**AMERICAN LACROSSE LEAGUE
LETTER OF INTENT**

- 1. I, (print)_____ hereby state my intent to play for the _____ team in the American Lacrosse League during the _____ season.**
- 2. I understand that although I sign additional Letters of Intent with other ALL teams and this Letter Of Intent to play for the _____ team I am not bound to any American Lacrosse League team unless I dress for a Division Game with that team as described in paragraph #4 or send a written commitment as per paragraph #5.**
- 3. I guarantee my eligibility by stating that I am at least 18 years old and that I have not dressed for a game with an interscholastic or intercollegiate team or club or a Division Game with another ALL team after January 1st of this year.**
- 4. Once I have dressed for a Division Game with an American Lacrosse League team, I will not be eligible to play for another ALL team during this season unless I make a significant change of address. If this occurs, I will have to secure a waiver from the ALL President and the Conference Directors.**
- 5. During this season if I dress for a “game” with a team in another spring lacrosse league or an MLL team, I will no longer be eligible to play in the ALL.**
- 6. If I have not dressed for either of the first two Division Games of the team named in paragraph #1 and I wish to play for that team during the _____season, I must notify that team in writing by regular mail or e-mail that I intend to play for them. Notification of intent in this paragraph must be received by the team no later than noon of the Friday following the second scheduled Division Game of the team.**
- 7. I further understand that if my US Lacrosse membership is not current when I dress for any ALL game or if any of the information on this Letter of Intent is not true, I will be subject to disciplinary action by the League Executive Committee. The action may be that I would not be eligible to play in the ALL for an indeterminate period.**

Signature:

Date: