

# REGISTRATION FORM for THE 2025 "BYRNE CUP" TWIN STATE ALL-STAR GAMES

Participants and parents/guardians, please complete, sign where appropriate and submit this "Registration, Amateur Athletic Waiver and Release of Liability" and "Medical Information and Permission" form. Your registration information and participation fee of \$55, check payable to "Hanover Lions Charitable Foundation" should be submitted either online or by mail as soon as possible; furthermore, completed and signed hard-copies of this Registration Form, including the Waiver/Release and Medical Info/Permission portions of the form, must be submitted, even if registering online, either by mail, or delivered in person at the Registration Tent on Sat., June 21. All players must check in at the Registration Tent

Participant name \_\_\_\_\_ Male/Female  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
High School \_\_\_\_\_  
Position \_\_\_\_\_  
Plans after Graduation \_\_\_\_\_

## PHOTO/VIDEO RELEASE:

**Participant hereby grants the right to record, edit, use, reproduce, publish, and distribute by way of photograph, video, television, and all other media (electronic or otherwise) the visual and/or audio likeness of participant while participating in this event:**

Participant, if 18 or over, or Parent/Guardian's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

## AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Twin State All-Star Games, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS US Lacrosse, Inc., the Hanover Lions Club, their officers, officials, agents and/or employees, other participants, volunteers, officials, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name, Printed \_\_\_\_\_ Participant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

## FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

## MEDICAL INFORMATION AND PERMISSION FORM:

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Address, if different than Participant's: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Address, if different than Participant's: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

### Name of person to notify in an emergency if parents cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medications: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Other Important Information: \_\_\_\_\_

I, (print name) \_\_\_\_\_, authorize a representative of the Hanover Lions Club/Twin State All-Star Games to secure the services of a physician and/or hospital in the event of an accident and/or injury to the above-named participant; furthermore, I understand that I am responsible for payment of medical services.

Participant, if 18 or over, or Parent/Guardian's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_