

# First Coast Fall Ball League

I agree not to hold entities of MCC Sports, Inc., its officials and associates, and members of the First Coast Fall Ball league staff liable/responsible for any physical, mental, or emotional injury that could or may result from sports competition. I certify that my daughter/legal minor is in good health, has passed a recent physical in the past year and is not presently ill. I understand that sports can be dangerous and have no problems with my daughter participating in the sport of lacrosse. I agree to show good sportsmanship and not degrade officials, or other parents and athletes at all First Coast Fall Ball league activities. I (we) recognize that failure to obey good sportsmanship practices will result in dismissal of player and parent from league activities without refund. Any legal infraction will be prosecuted should a staff member of the First Coast Fall Ball league be threatened or harmed in any way.

PARENT AUTHORIZATION: I/We, the parent(s) or guardian(s) of the above named, give my/our approval for our child to participate in the First Coast Fall Ball league activities. I/We assume all risks and hazards incidental to such participation and I/We do waive, release, absolve, indemnify and agree to hold harmless MCCSports Incorporated, Jacksonville University, St. Johns County Parks and Rec, any additional game sites, Creeks Athletic Association, their board members and directors, sport commissioners and their committee members, sponsors, supervisors, participants and persons transporting my child to and from activities for any claim arising out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance for designated sport, if any. In an emergency, if above designated family physician cannot be reached, I authorize the child named above to be treated by another physician. I authorize staff of First Coast Fall Ball league to assist my child in the event of a medical emergency.

Player Name: \_\_\_\_\_ Date: \_\_\_\_\_

Player Email: \_\_\_\_\_

Parent Name: : \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Contact #: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Player School: \_\_\_\_\_ HS Grad Year: \_\_\_\_\_ DOB: \_\_\_\_\_

Checks Payable to MCC Sports, Inc - \$100 per player

Check Amt: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card Type: \_\_\_\_\_

Please submit waiver to High School coach before October 19<sup>th</sup>  
Check payments must be received at MCC Sports office by October 1<sup>st</sup>  
See FirstCoastLax.com for details and Online Registration