



Georgia High School All-Star Lacrosse Games

To Be Completed by the Selected All-Star Player and/or Parents/Guardians (if under 18)

Return this completed form to:

DiVarsity, Inc.
3501 Creatwood Trail
Smyrna, GA 30080

Or email to lacrosse@divarsity.com

I accept (_____) / decline (_____) the invitation to play in the Georgia High School All-Star Lacrosse Game. I agree to abide by the rules and disciplines set forth by the officials of the Georgia High School Association. Furthermore, I hereby indemnify, release, and save harmless DiVarsity, Inc., including its owners, agents, and employees, from and against any and all suits, actions, claims, judgments, and expenses arising out of or relating to any loss of life, bodily or personal injury, property damage, or other demand, claim or action of any nature arising out of or related to these games or any events related to the games – including the infection by COVID-19 and its variants.

Athletes Name (PRINT): _____ Date: _____

Athletes Signature: _____

Parents or Guardian's Name & Signature: _____

College Choice: _____

Scholarship(s)?: _____

Position(s) you played in high school: _____

Stats & awards for this year and/or for your career:

Clubs where you play: _____

Other sports you play: _____

Other interesting facts about you: _____
