

2009 Youth Lacrosse League Registration Form

2009 Youth Lacrosse League play will start Sunday March 22, 2009. There will be 2 boys divisions based on age: 8-11 and 12-13 with 14 year olds that are not yet in high school. We will practice and play each Sunday through June 14.

Player's Name: _____

Player's Age: _____ Grade: _____ Date of Birth: _____ / _____ / _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone: (_____) _____ Work/Cell: (_____) _____

E-Mail Address: _____ (we communicate via email)

Emergency Contact: _____ Phone: (_____) _____

US Lacrosse Membership Number: _____

** For insurance purposes, players must become US Lacrosse members in order to participate. There is a \$25 fee to become a Youth Player member. Sign up at www.uslacrosse.org.

Waiver and Release:

I/We verify that my child is physically fit to play the contact sport of lacrosse for good and valuable consideration, receipt of which is acknowledged. I/We understand that my child must bring and wear proper equipment during play. I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge The Lacrosse Zone, its staff, officers, agents, representatives, employees and successors of the county of Washoe, its officers, employees, volunteers and any additional game venue that we may use during clinic play including their officers, agents and employees, from any and all rights and claims for damages, resulting from injury or property loss/damage which may be sustained or occur during participation in camp activities whether said damages, injury or loss are due to negligence. I/We, being the legal guardians of the applicant, authorize The Lacrosse Zone and its agents permission to request medical treatment as necessary to insure the well being of our dependent and agree not to hold any person, company or entities of The Lacrosse Zone liable for those treatments.

Parent/Guardian Signature: _____ Date: ____/____/____

Registration Fee: \$125.00 check made payable to **The Lacrosse Zone**.

Mail to: Bill Hogan 2747 Shadow Dancer Trail, Reno, NV 89511

All equipment as listed below must be provided by the participant:

Equipment: stick, helmet, gloves, arm pads, shoulder pads, mouth piece, protective cup.