



## Melrose Youth Lacrosse League • 2012 Registration Form

### Player Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

D.O.B. \_\_\_\_\_ Childs Age as of AUGUST 31st 2011 \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

### Parent / Guardian Information

Name \_\_\_\_\_

Address (If Different) \_\_\_\_\_

Tel # (Days) \_\_\_\_\_ Tel # (Evenings) \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_

Email Address #1 \_\_\_\_\_

Email Address #2 \_\_\_\_\_

Interested in Coaching a Team ? \_\_\_\_\_ Head or Asst. Coach ? \_\_\_\_\_

Interested in helping out as team parent or other role ? \_\_\_\_\_

### Other Information

Did Your Son or Daughter play last year ? \_\_\_\_\_ Which Team ? \_\_\_\_\_

Does your Son or Daughter play on a Club Lacrosse Team ? (NESLL, EVO, ect.) \_\_\_\_\_

Other sports or activities \_\_\_\_\_

Does your son/daughter have any medical conditions we should be aware of ?

No \_\_\_\_\_ Yes \_\_\_\_\_ If so, please specify \_\_\_\_\_

**Registration Fees for the 2012 season will be \$175 for First, \$150 for second and \$125 for three or more players. All U9 level players pay \$100.00 (No Uniform Cost)**

**Registration fees include US Lacrosse Membership**

**Uniform cost for every player U11, U13 and U15 in 2012 is \$50.00 • Players Will Keep Uniforms and may re-use them next season.**

**Please make all payments to: Melrose Youth Lacrosse League**

**FOR MYLL USE: Birth Cert: Yes \_\_\_ No \_\_\_ | Fee Paid: \_\_\_\_\_ Check# \_\_\_\_\_ Rec'd By: \_\_\_\_\_ Date: \_\_\_\_\_**

## Parent / Guardian Consent

### WAIVER & RELEASE OF LIABILITY • SIGNATURE IS REQUIRED TO PARTICIPATE

In consideration of being allowed to participate in any way in the Melrose Youth Lacrosse League's program (hereafter known as the "Releasees"), all related events and activities, the undersigned acknowledges, understands, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for catastrophic injury, permanent paralysis and death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities and while particular rules, equipment and 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 negligence of the "Releasees" or others, and assume full responsibility for my minor child's 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 hazards during my presence of my minor child's participation, I will remove my minor child from participating and bring such to the attention of the nearest official immediately; and,
4. I as parent/guardian with legal responsibility for this participant, do consent and agree to RELEASE and HOLD HARMLESS the Melrose Youth Lacrosse League, their officers, officials, agents and/or employees, other participants and the 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; and,
5. 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; and,
6. **Medical Attention:** I hereby give my consent to Melrose Youth Lacrosse League to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my/our child's participation in Melrose Youth Lacrosse League's sponsored or sanctioned events: and,
7. **Readiness to Compete:** I will only allow my/our child to participate in those competitions or activities in which I believe he/she is physically and psychologically prepared to participate.
8. I/We also agree that no refund or portion thereof will be issued if my/our child should quit the program at any time.

There will be a \$15.00 fee for any returned checks.

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Parent Guardian Signature & Date Signed

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Parent/Guardian Name PRINTED

Primary Medical Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_