

Coastal Lacrosse Club

2012 Indoor Lacrosse Registration Form

PLAYER INFORMATION

Player's Name: _____ male female Date of Birth: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ School: _____ Grade: _____
E-Mail: _____ Alternate E-Mail Address for Notifications: _____

PARENT INFORMATION

Father's Name: _____ Work # : _____ Cell # : _____
Mother's Name: _____ Work # : _____ Cell # : _____
Emergency Contact Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

Does your child have any medical problems such as: asthma, seizures, diabetes, allergies, nose bleeding, or attention disorders?

Yes No If yes, please explain.

Insurance Company: _____ Policy Number: _____

You MUST include your insurance policy number for your child's 2011 US Lacrosse Membership

Consent and Liability Waiver-Release of all claims (must be signed to participate)

I, the parent/guardian of _____ and with legal responsibility for him/her do acknowledge and

agree that: (1) the risk of injury from participating in lacrosse is significant and does exist; (2) I knowingly and freely assume all such risks,

both known and unknown and assume full responsibility for my child's participation in various events; (3) My child and I agree to follow

all laws, rules, and guidelines regulating the conduct of the league; (4) I understand and agree that my child and I are responsible for the

mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree

that my child and I will continuously inspect and maintain all equipment used, even if we have obtained the equipment from Coastal

Lacrosse Club; and (5) my child has been examined by a physician and is fit and able to play the game of lacrosse. I, as parent/guardian

of the applicant, acknowledge the above (5) statements and for myself, heirs, assigns, and next of kin agree to indemnify and hold

harmless Coastal Lacrosse Club, Inc. Board of Directors, coaches, administrative staff and other involved parties from any and all

liabilities, claims, demands, and causes of action whatsoever resulting from my child's participation in the various events. In addition, I give permission for my child to receive emergency medical treatment if necessary and hereby authorize Coastal Lacrosse Club to consent to this medical treatment for my child. I understand that every attempt will be made to contact me before taking this action.

Parent/Guardian Signature Date

\$75.00 League Fee (includes Crown fee, practice fees and Referee fee)

Please mail registration to: Coastal Lacrosse Club P.O. Box 883 Berlin , MD 21811

Make checks payable to: COASTAL LACROSSE CLUB Total Amount Enclosed:

We need your help. Would you be interested in coaching or volunteering for Coastal Lacrosse? _____

For more information, please visit our website at www.coastallaxclub.com [Look for the Indoor Lacrosse Tab](#)