

SPRING 2010 SUN PRAIRIE YOUTH LACROSSE PLAYER REGISTRATION:

Player's Name: _____

Address: _____

US Lacrosse Member number (if known): _____

Home Telephone Number: _____

Cell: _____

Text enabled: YES NO

Date of Birth: _____

Grade: _____

Mother/Guardian's Name: _____

Address (If different from player): _____

Telephone Number: _____

Work Number: _____

Cell Number: _____

Email: _____

Father/Guardian's Name: _____

Address (If different from player): _____

Telephone Number: _____

Work Number: _____

Cell Number: _____

Email: _____

WAIVER & RELEASE:

X

Signature of Parent/Guardian Date

X

Printed Name of Parent/Guardian

Permission for your player to be photographed and/or have name released to appropriate Lacrosse organizations. If photograph is used/displayed on the Sun Prairie Youth Lacrosse Club website, we will take every step possible to protect our youth's identity and safety: ___ yes ___ no

For Treasurer use Only Check number _____ Deposit record _____

SPLA - CONSENT TO TREAT FORM

This is to certify that I,

X _____ as parent or

guardian of _____,
give my consent to Sun Prairie Youth Lacrosse Club, our team's coach and
representatives to obtain medical care from any licensed physician, medical
care provider, hospital, or clinic for the above mentioned athlete, for any
injury that could arise from participating in the game of lacrosse.

Name of Insurance Company: _____

Address: _____

Telephone Number: _____

Policy Number: _____

Insured/Member #: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

First Contact: _____

Second Contact: _____

Emergency Contact (if parents/guardians unavailable): _____

Doctor's Name: _____

Telephone Number: _____

Clinic Address: _____

Hospital: _____

If emergency treatment is required and the parent/guardian cannot be reached
immediately, may team coaches and representatives use their own judgment in
calling the physician indicated on the Medical History Form or if not
available, an alternate physician or medical provider? ___ Yes ___ No
If no, please indicate alternate plan to follow:

X _____
Signature of Parent/Guardian Date

X _____
Printed Name of Parent/Guardian

Email X _____