

SUN PRAIRIE YOUTH LACROSSE PLAYER REGISTRATION

Date: _____
Player's Name: _____
Address: _____
US Lacrosse Member Number (if known): _____
Home Telephone: _____ Cell: _____
Date of Birth: _____ Grade: _____
Mother/Guardian's Name: _____ Father/Guardian's Name: _____
Address (if different from player): _____ Address (if different from player): _____
email: _____ email: _____
Telephone Number: _____ Telephone Number: _____
Work Number: _____ Work Number: _____
Cell Number: _____ Cell Number: _____

WAIVER & RELEASE

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

SUN PRAIRIE YOUTH LACROSSE PARENTAL WAIVER AND CONSENT TO TREAT

As the parent or legal guardian of the child listed above, I hereby give my full consent and approval for my child to participate as a team member in the sport of lacrosse with Sun Prairie Youth Lacrosse.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive. Release and hold harmless the organization named above, it's officers, coaches and sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result or negligence or any other cause.

Name of Insurance Company: _____
Address: _____
Policy #: _____ Telephone #: _____
Insured/Member #: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

First Contact and #: _____
Second Contact and #: _____
Emergency Contact and # (if parents/guardians unavailable): _____
Clinic or Doctor's Name: _____
Clinic Address: _____
Telephone Number: _____
Hospital Name: _____

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: _____

Printed Name of Parent/Guardian _____

X

Signature of Parent/Guardian _____ Date _____