

# OLD NORTH STATE LACROSSE CLUB

## 2010 OLD NORTH STATE LACROSSE CLUB PLAYER APPLICATION FORM

**APPLICATION INSTRUCTIONS: PRINT or TYPE ONLY** Fill out this Player Application Form and mail it directly with all the fees (**make checks payable to Old North State Lacrosse**) to the office address listed below. Please send the completed Player Application Form and payment prior to the **March 1st deadline**.

PLAYER NAME: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ COACH: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENTS E-MAIL: \_\_\_\_\_

PLAYERS E-MAIL: \_\_\_\_\_

EXPERIENCE: Seasons played: \_\_\_\_\_ POSITION: Circle: Attack Midfield Defense Goalie Long Pole Mid Face Off

DIVISION: U13 \_\_\_\_\_ (\$400) U15 \_\_\_\_\_ (\$400) U19 \_\_\_\_\_ (\$400)

### MAIL-IN REGISTRATION DEADLINE: MARCH 1, 2010

*(Please complete all boxes that apply)*

**(REQUIRED) US LACROSSE MEMBERSHIP #** \_\_\_\_\_ *(For insurance purposes)*

**HEALTH INSURANCE CARRIER** \_\_\_\_\_  
**POLICY #** \_\_\_\_\_

**TOTAL FEE ENCLOSED** \_\_\_\_\_ **CHECK NUMBER** \_\_\_\_\_

Mail Application and fee to:

Old North State Lacrosse

PO Box 2254

Jamestown, NC 27282

336-707-8537 (Mobile)

336-454-2904 (Home)

[mglacrosse@triad.rr.com](mailto:mglacrosse@triad.rr.com)

### PARTICIPANT OR PARENT/GUARDIAN AGREEMENT

I, and/or the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Old North State Lacrosse Club. Recognizing the possibility of physical injury associated with Lacrosse, I hereby release, discharge and/or otherwise indemnify the Old North State Lacrosse Club, Coaches, Club sponsors, their officers, staff, employees and all associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the Club. As the parent or legal guardian of the participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent. I understand that the Old North State Lacrosse Club does not supply insurance to its participants, that medical coverage is the responsibility of each participant.

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PRINT NAME HERE: \_\_\_\_\_

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PRINT NAME HERE: \_\_\_\_\_

**PARTICIPANTS SPECIAL MEDICAL CONDITIONS:**

### **UNIFORM INFORMATION**

Jersey Size: L/XL \_\_\_ S/M \_\_\_ Jersey # \_\_\_\_\_ Shorts: 2XL \_\_\_ XL \_\_\_ L \_\_\_ M \_\_\_ S \_\_\_