

SUN PRAIRIE YOUTH LACROSSE PLAYER REGISTRATION

US Lacrosse Member Number (if known): _____

Player's Name: _____ Date: _____
Address: _____
Home Telephone: _____ Cell: _____
Date of Birth: _____ Gender: _____ Grade: _____

Mother/Guardian's Name: _____ Father/Guardian's Name: _____
Address: _____ Address: _____
(if different from player) *(if different from player)*
email: _____ email: _____
Telephone Number: _____ Telephone Number: _____
Work Number: _____ Work Number: _____
Cell Number: _____ Cell Number: _____

Boys Team: U9 U11 U13 U15
Girls Team: Junior (3-4-5 grade) Senior (6-7-8 grade) High School (9-12 grade)

PHOTO WAIVER & RELEASE

X: _____
Signature of Parent/Guardian: _____ Date: _____
Printed Name of Parent/Guardian: _____
Permission for your player to be photographed and/or have name released to appropriate Lacrosse organizations. Your photograph may be used/displayed on the Sun Prairie Youth Lacrosse Club website.

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.

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, 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 of negligence or any other cause.

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

IN CASE OF EMERGENCY, PLEASE NOTIFY:

First Contact: _____ Cell: _____
Second Contact: _____ Cell: _____
Emergency Contact: _____ Cell: _____
(if parents/guardians unavailable):

Clinic or Doctor's Name: _____ Hospital Name: _____
Clinic Address: _____ Address: _____
Telephone Number: _____ Telephone Number: _____

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: _____
Printed Name of Parent/Guardian: _____