

# South Fayette Lacrosse Association 2017 YOUTH Lacrosse Registration



Returning Player \_\_\_\_\_ New Player \_\_\_\_\_

Make Checks Payable to SFLA

Player's Name:	Gender: M    F	Yrs. Exp.	<b>Returning Players only</b> Jersey No.
Home Address:		Grade:	Division (Circle one)
Zip code:			Boys: U9   U11   U13   U15 Girls: Gr. 3-5    Gr. 6-8
Home Phone:	Date of Birth:	Age as of <b>September 1, 2017:</b>	
Mother's Name:	Mother's cell:	Mother's email:	
Father's Name:	Father's cell:	Father's email:	
Jersey Size: _____ Short size: _____ Pinnie size: _____ Socks size: circle S M L XL XXL			
I am interested in coaching:    Y    N    Name: _____ Email: _____			
I am interested in team parent:    Y    N    Name: _____ Email: _____			
<p>I, the parent/legal guardian of, the child listed above hereby give my approval for his/her participation in the SFLA program and certify the above information is correct. I assume all risks and hazards incidental to such participation, including transportation to and from all practices, games, events, and activities. I do hereby waive, release, absolve, indemnify, and agree to hold harmless the SFLA and its sponsors, supervisors, participants, officers, directors, coaches, and persons transporting the child listed above to and from all activities, from any claim arising from an injury to the child. I further agree that the SFLA is not responsible for any medical care or services to the child, that I give permission to the Emergency Medical Services Personnel to administer treatment and transportation in case of an emergency, until I can be contacted.</p> <p>Signature: _____ Date: _____</p> <p>Relationship: _____</p> <p>As a parent/legal guardian, I fully understand the extent of my commitment to SFLA. I understand the "Constitution and Bylaws" to are posted on the SFLA website (SouthFayetteLacrosse.com) and if I do not have access to a computer I can request a copy of them. I understand I am responsible to abide by these rules. I realize that I will be required to provide transportation for my child to and from practices, games, and activities. I also understand that there are fundraising obligations as well and that the registration fees are non-refundable. This registration will not be processed until paid in full. If paying by check, the check must clear. Checks returned NSF will not be considered paid.</p> <p>Signature: _____</p>			
<b>Notes:</b>			

Paid by Cash \$ \_\_\_\_\_ Paid by Credit \$ \_\_\_\_\_ Paid by Check \$ \_\_\_\_\_ Check Number \_\_\_\_\_