

Greylock Youth Lacrosse - Registration 2017

Open to all players located in Williamstown, Lanesboro, Richmond, Hancock, New Ashford and other surrounding towns.

Boys Youth Lacrosse Player Registration - Spring 2017

Please Check Off What Program You Are Registering For:

Boys Youth Travel Programs:

- 3rd-4th Grade / U-11 (\$145-**plus** \$30 US Lacrosse Insurance/Membership) 5th-6th Grade / U-13 (\$145- **plus** \$30 US Lacrosse Insurance/Membership) 7th-8th Grade / U-15 (\$160-**plus** \$30 US Lacrosse Insurance/Membership)

Please Note: Age based requirements are determined by player's age at end of calendar month (August 31). Generally, U-11's are 3rd/4th graders, U-13's are 5th/6th graders and U-15's are 7th/8th graders.

Scholarships Available:

Thanks to our program sponsor ([The Williamstown Youth Center](#)) and private donations over the past few years we are in a position to ensure that no child will be turned away due to financial restrictions or hardships (including equipment costs and registration fees). Please contact a member of the [GLAX Board](#) make arrangements.

Mail Checks To:

Greylock Youth Lacrosse
C/O: Jeff Stripp
228 Main Street, Suite 404
Williamstown, MA 01267

Mail In Credit Card Payments:

Name on card: _____
Credit Card #: _____
Expiration Date: _____ Security Code: _____
Billing Address (if different than below, please submit in box below):

*** Make Checks Payable to "Greylock Youth Lacrosse"**

PLAYER/PARENT INFORMATION

Player Name			Gender (M/F)		Date of Birth
Address					Grade: Experience:
Father or Legal Guardian			Mother or Legal Guardian		
Player E-mail: _____ Parent E-mail: _____			Parent E-mail: _____ Other E-mail: _____		
Home phone	Work phone	Cell phone	Home phone	Work phone	Cell phone
Please initial here to authorize Greylock Youth Lacrosse to list your child's name on a team roster on our website(s) (www.greylockyouthlacrosse.com). ** We will NOT list address, phone numbers, or email address. _____ Please Initial Indicating Approval			Please initial here to authorize Greylock Youth Lacrosse to post an individual or team picture of your child's image on the Association's website(s) (www.greylockyouthlacrosse.com). ** We will NOT list address, phone numbers, or email address. _____ Please Initial Indicating Approval		
Volunteer preference (please choose at least one): ___ Fundraising ___ Coach ___ Time/Score Keeper ___ Webmaster ___ Banquet ___ Field Maintenance ___ Other			Volunteer preference (please choose at least one): ___ Fundraising ___ Coach ___ Time/Score Keeper ___ Webmaster ___ Banquet ___ Field Maintenance ___ Other		
Health Insurance Information Name of Policy Holder: _____ Insurance Carrier: _____ Policy #: _____			Credit Card Billing Address (if different than above):		

For more information please visit: www.greylockyouthlacrosse.com

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Release of Liability/Greylock Youth Lacrosse Waiver:

I/We, the parent(s)/guardian(s) of the above-named candidate for a position on a **Greylock Youth Lacrosse** team, do hereby give my/our approval to participate in any and all Greylock Youth Lacrosse activities, including transportation to and from the activities. I/we know that participation in lacrosse may result in serious injuries and that protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless **Greylock Youth Lacrosse** its chartering organization, Town of Williamstown, Williamstown Youth Center, President and Trustees of Williams College, Mount Greylock Regional School District, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. I/We will furnish a certified birth certificate of the above-named candidate to Association officials upon request. I agree, individually and on behalf of the above-named child, to submit all disputes to binding arbitration. In doing this, I specifically waive any right to trial by jury for any reason.

Signature of father, mother or legal guardian _____
Date

US Lacrosse Waiver:

In consideration of my membership in US Lacrosse, and my participation in US Lacrosse sanctioned, recognized or sponsored events ("Covered Events"), I agree to the following: **1. WAIVER & RELEASE:** I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that US Lacrosse, the host organization and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a Covered Event. This Waiver & Release shall also be for the benefit of and run in favor of any youth organization that requires participants to become members of US Lacrosse as a condition to their participation in such organization's youth lacrosse events, which shall constitute Covered Events for purposes of this Waiver & Release, and any such youth lacrosse league shall constitute the host organization for such Covered Events. **2. MEDICAL ATTENTION:** I hereby give my consent to US Lacrosse and the host organization of any Covered Event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in Covered Events. **3. READINESS TO COMPETE:** I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete. **4. CODE OF CONDUCT:** I agree to adhere to the US Lacrosse/Positive Coaching Alliance Code of Conduct See Information Packet or available at www.uslacrosse.org.

Signature of father, mother or legal guardian _____
Date

2017 MEDICAL RELEASE

Player medical history (please list any allergies, including food allergies, existing conditions, corrective lenses, etc.)

Regularly taken medications

Family physician	Phone	Alternate Phone
Emergency contact	Phone	Relationship to player

Authorization for Emergency Medical Treatment and Transportation to a Medical Center or Hospital

In the event that the participant should sustain any personal injury or illness while attending or participating in Greylock Youth Lacrosse programs, the undersigned hereby consents to emergency medical assistance being administered to him/her, including transportation to a medical center or hospital, and this form shall constitute a medical release for that purpose.

Signature of father, mother or legal guardian _____
Date