

KITSAP YOUTH LACROSSE ASSOCIATION



Indoor Lacrosse Clinics

Player Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

School: _____

Gender (M/F): _____

Grade: _____

Birthdate: _____

How did you hear about KYLA?

Billboard	_____	Flyer	_____
Newspaper	_____	Web	_____
Signs	_____	Word of Mouth	_____
Other	_____		

Parent/Guardian Name:

LIABILITY WAIVER

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter to participate on a KYLA Lacrosse Team. In order that my son/daughter may receive the necessary medical treatment in the event he/she may sustain injury or illness during the Lacrosse season, I hereby authorize the KYLA coaching staff to obtain medical treatment for my son/daughter for such injury or illness during the season. I hereby hold any school district, the OSSC, and KYLA harmless in the exercise of this authority.

I understand and acknowledge that in participation on a Lacrosse Team, there is a possibility that my son/daughter may sustain physical injury or illness in connection with his/her participation. I further acknowledge and understand that my son/daughter is assuming the risk of such physical injury or illness by his/her participation and I further release any school district, the OSSC, and KYLA as well as their representatives for any claims for personal injury that my son/daughter may sustain during the season. I further understand and acknowledge that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for any physical injury or illness that he/she may sustain during the season.

Participant's Name (*print*): _____

Parent/Guardian Information (if over 18 sign as yourself):

P/G Name (*print*): _____

Signature: _____

Home Phone: _____

Emergency Contact Information:

Name (*print*): _____

Phone: _____