

Norwalk Lacrosse Association
2017 Boys Youth Summer Sandlot Lax at Vets Park

For more information, contact Jack Couch (laxdad2118@gmail.com; 203-838-0232; 203-952-4661 cell). *A parent or guardian must complete and sign this form before a player can participate in Summer Sandlot Lacrosse.* Complete this Registration and mail, with check, to Norwalk Summer Lax, 6 Rowan Street Unit #4, Norwalk, CT 06855, or bring them to the first session you attend.

What: Pick-up Lacrosse for Boys who will be CONNY Senior, Junior, and Lightning in 2018
(In 3rd through 8th grade next fall. Boys in younger grades can participate with their coach's recommendation.) **Certified officials.**

When: Monday & Thursday Evenings: Twelve sessions, June 22 - August 3 (excluding July 3)

Where: Veterans Park, Norwalk

Time: 6:15 PM—Players arrive and pick teams.
6:30 PM—Begin 12-minute running time quarters with three 5-minute breaks.

Fee: \$65.00 Fee Paid Check Number _____ (Make checks payable to the **Norwalk Lacrosse Association**)
Financial Aid is available. Contact Jack Couch for details (laxdad2118@gmail.com; 203-838-0232).

Every player must be a US Lacrosse member: Membership # _____ Expiration Date _____
If you are not a 2017 Norwalk Junior Lacrosse player, you must attach proof of membership to this registration form. This proof may be a photocopy of your membership card, a current *Lacrosse Magazine* mailing label or a printout of an online membership confirmation. You can join US Lacrosse or obtain a membership confirmation online at www.uslacrosse.org.

Player Information

Player's Name _____ Home Phone # (____) _____

Street Address _____ 1st Alternate Phone # (____) _____

City/Town _____ State _____ Zip _____ e-mail address _____

Age _____ Date-of-Birth (mm/dd/yy) ____/____/____ School (2017-18 School Year) _____ Grade Fall 2017 _____

NJLacrosse Owned Equipment: If you have *NJLacrosse* equipment, you may renew it for the summer by entering the numbers here:

Helmet: _____ Shoulder Pads: _____ Gloves: _____

Medical Information & Emergency Medical Release

Does your child have any medical condition which might limit his/her participation in Norwalk Summer Lacrosse activities or which attending medical personnel should know about when providing medical care?

YES NO If YES, please describe—use back if necessary: _____

Player's Doctor _____ Doctor's Phone # (____) _____

Your Insurance Company _____ Policy # _____

We, the parents/guardians of the above named player, give permission for the Norwalk Lacrosse Association to authorize medical treatment of our child for illness or accident if we cannot first be contacted.

US Lacrosse—Release of Liability and Assumption of Risk Agreement In consideration of my membership in US Lacrosse, and my participation in US Lacrosse sanctioned events, I agree to the following:

1. **READINESS TO COMPETE:** I will only participate in those US Lacrosse Competitions for which I believe I am physically and psychologically prepared to compete.
2. **MEDICAL ATTENTION:** I hereby give my consent to US Lacrosse and the host organization of any US Lacrosse sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in US Lacrosse sanctioned events.
3. **WAIVER AND RELEASE:** I am fully aware of and appreciate the risks of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives that US Lacrosse, the host organization, and sponsors of any US Lacrosse sanctioned event, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other damage occurring as a result of my participation in the event.

Signature of Participant _____ Date _____

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD: As legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in any US Lacrosse sanctioned event.

Signature of Parent/Guardian _____ Date _____

Printed Name(s) of Parent(s)/Guardian(s) _____ Relationship to Player _____