

# Legacy Lacrosse Player Registration 2010/2011 Season

Player Name: \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

E-Mail (required): \_\_\_\_\_

Position \_\_\_\_\_ HS/Youth Team \_\_\_\_\_

Please tell us about any medical conditions we should be aware relative to your son or daughter participating in this program and/or before seeking medical treatment:

\_\_\_\_\_  
\_\_\_\_\_

**Please make checks payable to Sean Morris Lacrosse**

### **Parental/Guardian Authorization**

As the parent or legal guardian of the above named registrant in the **Legacy** programs, I hereby give my son/daughter permission to participate. I have read this application and the program rules and regulations thoroughly and I understand and agree to abide by all aspects of them. I understand that lacrosse is a contact sport in which injury, even serious injury, may occur and I assume all risks and hazards incidental to their participation in this program. I further release **Legacy**, its staff, affiliates, and the host facilities from all liability associated with my son/daughter's participation in this program. I understand that my registration fee is non-refundable and non-transferable, except as specifically allowed by **Legacy**. I also grant **Legacy**, its staff and designees, permission to seek emergency medical care for my son/daughter. I certify that the insurance information provided is correct and current and agree to assume all responsibility for any medical expenses incurred.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian Date**