



2017 Boys Registration Form

Child's Name: _____ DOB: _____ Age: _____

Parents/Guardian Name: _____

Mailing Address: _____

Email Address: _____

Cell Number: _____ Home Number: _____

Name of School: _____ Grade: _____

Medical Problems; Please Circle: Yes No If any: _____

Emergency Contact: _____ Emergency Contact Relation to Participant: _____

Emergency contact Home or Cell Number: _____

Registration Cost: \$245.00 payable in 2 installments (\$125 at time of registration, \$120 balance due 2/1/2017). DO NOT MAIL CASH. Mail completed enrollment w/check or money order **by December 15th** to: Milford Youth Lacrosse, P.O. Box 953, Milford, MA 01757

Method of Payment: Personal Check Number _____ \$ _____ Cash \$ _____

Please Circle Level of Skill: Beginner Intermediate Experience

Please Circle Team Registering for:

U9 -- Grades 1 & 2

U11 -- Grades 3 & 4

U13 -- Grades 5 & 6

U15 -- Grades 7 & 8

Please Carefully Read The Following And Sign Below:

Waiver and 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.

Medical Attention:

I hereby give my consent to Milford Youth 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.

Parents/Guardian Signature: _____ Date: _____