

JV/Varsity Winter Lacrosse 2018-2019
IRVINGTON YOUTH LACROSSE LTD

REGISTRATION

Player Name: _____

Player Grade: _____ Player D.O.B.: _____

Parent Name: _____

Address: _____

Phone: _____

E-mail: (PARENT) _____

Mother cell phone: _____ Father cell phone: _____

U.S. Lacrosse membership. ID # _____ (REQUIRED)

Parental Waiver & Release: I the parent or guardian of the above named child, do hereby give my approval for his/her participation in activities of Irvington Youth Lacrosse Ltd and according to advice from our physician, he/she has no physical disability or defect which would preclude him/her from participation in lacrosse. I (we) assume all risks and hazards incidental to the conduct of the activities of lacrosse, I (we) acknowledge that lacrosse is a contact sport, involves body checking and stick checking and my (our) child can be injured in the activities of lacrosse, 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 the activities of lacrosse. I (we) on behalf of myself, my heirs and personal representatives hereby release, absolve, indemnify and hold harmless Irvington Youth Lacrosse Ltd., the Irvington School District and their respective coaches, trainers, volunteers, agents, employees, representatives, officers and directors from any liability whatsoever in connection with any injury, loss of life or other loss or damage I or the player named above may sustain as a result of participation in the activities of Irvington Youth Lacrosse Ltd. I consent to emergency medical treatment of the above named child.

SIGNATURE OF PARENT/GUARDIAN: X _____ Date _____

(Please print name): _____