



**ARIZONA GIRLS LACROSSE ASSOCIATION
High School Team Registration – 2012/2013 Season**

Contact Information – please print legibly

US Lacrosse Number: _____ Expiration Date (must be good through 5/2013): _____

Team: _____ Grade in 2012/2013: _____ Yrs. Lacrosse Experience: _____

School Attending: _____

Player Name: _____ Date of Birth: _____
Last / First / Mid. Mo/Day/Yr

Player E-Mail Address: _____ Shirt/Skirt Size : _____ / _____

Home Address _____
Street City State Zip

Player Home Ph #: _____ Player Cell #: _____

Parent/Guardian Name(s) _____ / _____
Mother/Guardian Father/Guardian

Parent/Guardian Cell Phone No.(s) _____ / _____
Mother/Guardian No. Father/Guardian No.

Parent/Guardian E-Mail Address(s) _____ / _____
Mother/Guardian E-Mail Father/Guardian E-Mail

Emergency Information

Emergency Contact Name (other than parent): _____

Emergency Contact - Home Phone #: _____ Cell #: _____

Primary Physician _____ Phone#: _____

Hospital Preference & Location _____
Hospital Name Cross-streets/City

HMO/Primary Insurance Provider _____
HMO/Provider Name HMO/Provider Phone No. ID/Group No.

Allergies/Conditions/Special Instructions – list on line below:

Assumption of Risk - Parent/Guardian

I allow my child to participate in the 2012/2013 high school lacrosse program as a member of the AGLA. I certify that my child's physical condition is satisfactory to participate in physically demanding activities. I understand that while reasonable caution will be exercised at all times, a chance for serious injury exists. By signing below, I acknowledge the risks inherent to participation and release my child's school and the AGLA of any liability, claims or demands I may have resulting from my child's involvement in this program. In the event that the emergency contact options listed above are exhausted, I authorize my child's school and coach to act in the best interest of my child, and I agree to accept financial responsibility for any medical services rendered.

Player Signature _____ **Date:** _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature _____ **Date:** _____