

■ Youth Lacrosse Registration & Waiver Form

Player Information

Player Name:

Date of Birth:

Gender:

Address:

City/State/ZIP:

School:

Parent/Guardian Information

Parent/Guardian Name(s):

Phone (Primary):

Email:

Emergency Contact

Name:

Relationship:

Medical Information

Physician's Name:

Physician's Phone:

Policy # Insurance Provider:

Allergies/Medical Conditions:

Medications:

Consent & Release of Liability

I, the parent/guardian of the above-named player, acknowledge that participation in lacrosse involves risk of injury. I assume all risks and release the league, coaches, and volunteers from liability. I authorize emergency medical care if I cannot be reached. I also consent ☐ Yes ☐ No for my child's photo/video to be used in promotional materials.

Code of Conduct

Players and parents agree to: Show sportsmanship and respect to all, abide by league rules, and understand violations may result in suspension or removal.

Signatures