

# REGISTRATION FORM - Spring 2019

Player Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
M or F : \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_



Please describe any physical limitations, allergies or medical concerns for your child in the space below:

Medical Insurance \_\_\_\_\_ ID# \_\_\_\_\_

Shirt/Jersey Size: YS \_\_\_\_ YM \_\_\_\_ YL \_\_\_\_ YXL \_\_\_\_

Would you be willing to Coach/Volunteer: Yes/No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We the parents or guardians of the participant in the Avon Lacrosse Program, give permission for my son/daughter to participate in any and all activities. I/We know that participating in said activities may result injuries and protective equipment as well as other precautions does not stop all injuries to participants. I/we do hereby waive, release, absolve, indemnify and agree NOT to hold the Avon Lacrosse Club Inc. Program or it's volunteers to any or all claims.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian: If you DO NOT want pictures of your child printed on any lacrosse information or put on our web site [www.avonlax.com](http://www.avonlax.com) please place an X on the line \_\_\_\_\_

Proof of membership is due at the first practice or player will be ineligible (Club will register with US lacrosse)  
US # \_\_\_\_\_

Registrar: Melissa Arber - [avonyouthlacrosse@yahoo.com](mailto:avonyouthlacrosse@yahoo.com)

## Payment Information:

Cash \_\_\_\_\_ Check# \_\_\_\_\_ Amount \_\_\_\_\_ Total Paid \_\_\_\_\_