



**SOUTH BRUNSWICK YOUTH GIRLS LACROSSE
REGISTRATION FORM FOR 2017 GIRLS YOUTH LACROSSE SEASON**

1. Fill out the registration form completely. Registration is not complete without U.S. Lacrosse #, health insurance information and parent or guardian's signature.
2. Enclose registration fee: Girls 2nd-4th grade: \$130; Girls 5th-8th grade: \$150 and mail to SBGYLL, PO Box 203 Kendall Park, NJ, 08824-0203. Checks made payable to SBGYLL
3. Registration deadline is March 15th, 2017.
4. Any questions email: sbgirlsyouthlax@gmail.com

PLAYER'S NAME _____

GRADE _____ SCHOOL _____ U.S. LACROSSE NUMBER _____

PARENTS' NAME(S) _____

PARENTS' ADDRESS _____

E-MAIL ADDRESSES _____

HOME PHONE _____ CELL PHONE 1 _____ CELL PHONE 2 _____

EMERGENCY CONTACT _____ PHONE _____

RELEVANT MEDICAL PROBLEMS _____

UNIFORM SIZE: (CIRCLE) SHIRT: YS YM YL AS AM AL AXL SHORTS: YS YM YL AS AM AL AXL

STATEMENT OF INDEMNIFICATION

I, the parent/ guardian of the player, a minor, agree that the player and I will abide by the rules of the SBGYLL its affiliates and sponsors. Recognizing the possibility of physical injury associated with lacrosse, and in consideration for the SBGYLL accepting the player for its lacrosse programs and activities, I hereby release, discharge and/or otherwise indemnify the SBGYLL, its affiliates and sponsors, its employees, board members, officers, coaches, volunteers, independent contractors, associated personnel, including the owners of facilities utilized for its programs and activities, against any claim by or on behalf of a player as a result of the player's participation in the programs and activities and/ or being transported to or from same, which transportation I hereby authorize.

Parent/Guardian signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

I, the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent. We certify that all of the information provided on this form is correct. We consent and grant permission to the coach, asst. coach, and club representatives to obtain any necessary medical care as a result of injuries sustained by the player in this activity. We accept the financial responsibility for such medical care or treatment.

Parent/Guardian signature _____ Date _____

HEALTH AND INSURANCE

I hereby certify that the player is in good physical condition and has passed a recent physical examination concluding that the player is qualified to participate in a rigorous sport like lacrosse. We also certify that we have purchased, and will maintain in effect, the following insurance policy:

Health Insurance Co. _____ Policy No. _____

Name of Insured _____ Relationship to Player _____

I, the undersigned parent/guardian, have read this form and understand all of the expectations and requirements for participation in the South Brunswick Girls Youth Lacrosse League.

Parent/Guardian _____ Date _____