

**PLAYER INFORMATION:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Player (last, first)	Current Grade	Date of Birth (mm/dd/yyyy)	US Lacrosse # &	Expires on?	Boy/Girl
<input type="text"/>					
Player's Address					

Allergies, Medications, Other Medical Conditions (full disclosure is important, confidential matters can be discussed privately)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Player's Primary Physician:	Physician's Phone #	Date of last Tetanus?

**PARENT/GUARDIAN INFORMATION:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Mom (last, first)	Email (Mom)	Phone # (Mom)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Dad (last, first)	Email (Dad)	Phone # (Dad)

**PERSON TO NOTIFY IN EMERGENCY, IF PARENT/GUARDIAN IS UNAVAILABLE:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Person to Notify (last, first)	Phone # 1	Phone # 2

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached during a medial emergency, I hereby give my consent for representatives of Wylie Lacrosse Booster Club (WLBC) to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency services to preserve the life and well-being of the player named above, as warranted in the course of my participation in the above league.

**INSURANCE REQUIREMENTS:** The Parent/Guardian of Player named below understand and agrees that Primary Medical Insurance is required to be provided for the Player, in conjunction with the Player's participation in any field lacrosse playing activity (including, without limitation, mini-camps, practices, scrimmages, league and tournament games). In the event that the Player's primary medical insurance coverage terminates during this period, the Player's Parent/Guardian, agrees to immediately withdraw the Player from participation in all playing activities and notify a representative of the WLBC of the change in insurance status.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Primary Insurance Company	Policy #	Group #

**AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY:** In consideration of being allowed to participate in any way in the WLBC related events and activities the undersigned acknowledges, appreciates, and agrees:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks on behalf of my child, both known and unknown, even if arising from the negligence of the City of Wylie, the WLBC and/or its officers, officials, agents, volunteers, coaches, employees or other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and leasers of premises, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Wylie and WLBC their officers, officials, agents, volunteers, coaches and or employees or other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and leasers of premises to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the RELEASEES, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold the RELEASEES from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

**CONSENT TO RELEASE INFORMATION**

I consent to the release of information by the WLBC for any news articles, newspaper, brochure, programs, or other means of release of this information in the promotion of WLBC. This information may also be posted on any website operated by the WLBC. Any photographs taken/received/ submitted may also be used in the promotion of WLBC in any, but not limited to, newspapers, brochures, news articles or any website posted by WLBC.

**The signature below acknowledges that you have read this entire document and accept the conditions provided herein.**

<input type="text"/>	<input type="text"/>
Parent/Guardian Signature	Date Signed

**REGISTRATION FEES:**

- Grades 1st & 2nd: developmental \$90.00
- Grades 3rd, 4th, 5th, 6th: League \$150.00
- Grades 7th & 8th: developmental \$150.00
- Grades 9th, 10th, 11th & 12th: developmental \$150.00



Checks payable to WLBC	
<input type="text"/>	<input type="text"/>
Check #	Paid \$