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# MARSHWOOD YOUTH LACROSSE

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## PARTICIPANT REGISTRATION FORM (2010)

Make checks payable to: Marshwood Youth Lacrosse  
Register in person or by mail to: P.O. Box 265, Eliot, ME 03903

Players Name: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female

\_\_\_\_\_                      First                      Middle                      Last  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School:

Address: \_\_\_\_\_  
\_\_\_\_\_                      Street                      Town                      City                      Zip Code

Phone#'s: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emails: \_\_\_\_\_

\*At least one email is required. This is how we communicate.

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Person other than parent to contact in case of emergency:

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

### MEDICAL RELEASE FORM

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ Hospital Choice: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holders: \_\_\_\_\_ Group #: \_\_\_\_\_

Allergies (please be specific): Medicines/Foods/Pollens/Insect Bites/Bee Stings: \_\_\_\_\_

Any known medical problems or restrictions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

\*Please note that if there are medications that need to be administered, a parent must be in attendance at all times.

### PARENTAL OR GUARDIAN'S PERMISSION

I hereby give my consent for my daughter or son to engage in the Marshwood Youth Lacrosse Program and also agree that the above statements of medical information is complete and current to the best of my knowledge. I herein give my permission for MYL, or their agents, to seek appropriate emergency medical care for my child through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical service as warranted.

### RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration of my child being allowed to participate in the MYL program and related events and activities, the undersigned acknowledges, appreciates and agrees to the following. I give permission to MYL, and all persons and entities authorized by it, to use for promotional and other purposes, my child's name and photos, or other reproduction taken of him/her during, or in conjunction with, MYL activities. I assume all risks and hazards incidental to such participation including transportation to and from all activities. I also agree to waive, release, absolve, indemnify and hold harmless the MYL organizers, directors, supervisors, coaches, participants, designated officials, field facilities, and person transporting my child to and/or from MYL events from any claim or action arising from any injury to my child. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death. I, for myself, and for my child, and on behalf of our heirs, assigns, personal representatives and next of kin, hereby release and hold harmless MYL, it's officers, officials, agents, coaches and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct activities ("Releases"), with respect

to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that we have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation. I represent that I am the parent or legal guardian of my child, and I have authority to enter into this agreement on my own behalf and that of my child, being both thereafter bound by the terms and conditions of this agreement.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*Application Deadline is March 5<sup>th</sup>, 2010