



METHOD OF PAYMENT: CK# _____ AMTS _____ Shorts _____ FR# _____ Pinney Return _____
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Mail to: Cocalico Boys Lacrosse Club P.O. Box 6 Reinholds, PA 17569
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Player Registration Form

Winter / Spring

Player Info:

(Circle Season)

Name: _____ Age: _____

School: _____ Grade: _____ DOB _____ / _____ / _____

Home Address: _____ City: _____ State: _____

Zip: _____ Parent Phone: _____ Cell Phone: _____

Parent Email: _____

Contact Info:

Emergency Contact _____ Phone: _____

Relationship: _____ Alt. Phone/Cell Phone _____

Mother's Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Father's Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell: _____

I _____, agree to play for the Cocalico Boys Lacrosse Club
(print player's name)

and to abide by all the rules of the game and the club, have the best interests of fair play and good sportsmanship, and pledge good conduct during all contests which the club is engaged in. I understand that all equipment and uniforms issued to me is the property of the club and shall be returned to the club at the conclusion of the season, or at such time may be requested by the coach or other club officials.

Signature of Player _____ Date: _____ / _____ / _____

I _____, agree to support the Cocalico Boys Lacrosse Club and all participants by exhibiting good sportsmanship and pledge good conduct during all functions and all activities of the club.

Signature of Parent/Guardian: _____ Date: _____ / _____ / _____

Medical Information:

Family Physician _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Health Insurance Co. _____ Policy No. _____

Last Physical Exam (date) _____ Last Tetanus Shot (date) _____

Has Player ever had or presently have any of the following:

- Head injury (concussion, skull fracture)
- Fainting spells
- Convulsions/Epilepsy
- Neck or back injury
- Asthma
- High blood pressure
- Kidney problems
- Hernia
- Diabetes
- Heart problems
- Allergies
- Hearing impairment
- Vision impairment
- Other (Specify)

If you answered Yes to any of the above, please describe:

Current health problems: _____

Doctors care: YES NO Current use of medication: YES NO

If Yes, please list: _____

List allergies: _____

List surgeries, injuries or serious illnesses during the previous year: _____

Consent to Treatment

This is to certify that as parent / guardian of _____,
I give my consent to Cocalico Boys Lacrosse Club and its medical representative to obtain
medical care from an licensed physician, hospital or clinic should any injury occur to the above
mentioned player from participation in Cocalico Boys Lacrosse Club sanctioned events.

(parent / guardian signature)

(date)



Cocalico Boys Lacrosse Club

Waiver of Liability, Release, Assumption of risk & Indemnifying Agreement

For in consideration of participant's registration with Cocalico Boys Lacrosse Club and being allowed to participate in Cocalico Boys Lacrosse Club events and activities, the parent(s) or legal guardian(s) of participants relinquish and all liability for and cause of action for personal injury property damage or wrongful death occurring to participant arising out of participation in Cocalico Lacrosse events or activities or the sport of lacrosse, or and activities may continue and by this agreement any such claims, rights and causes of action that participant may have are hereby relinquished and the participant (or parent(s)/guardian(s) does (do) so on behalf of my/our and participant's heirs, executors, administrators and assigns. Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume all risks, if any, arising inherent in lacrosse and any activities, and understand that said sport and activities involve risk to participant's person including bodily injury, partial or total disability, paralysis and death, and damages, which may arise there from and that I/we have full knowledge of said risks. These risks and dangers may be caused by negligence of the participant or the negligence of others, including the "releasees" identified below. It is further acknowledged that there may be risks and dangers not known to us or are not reasonably foreseeable at this time. Participant and/or participant(s)/guardians(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of lacrosse fields and related premises and acknowledges and understands that included within the scope of this waiver and release is any cause of action, arising from the performance, or failure to perform maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said fields, for negligent selection of certain releases, or negligent supervision or instruction by releases. It is the purpose of this agreement to exempt, waive, and relieve releases from liability for personal injury, property damage, and wrongful death caused by negligence, including the negligence, if any, of releasees. "Releasees" include Cocalico Lacrosse, its affiliates, even hosts, other participants, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees. Participant or participant's parent(s)/guardian(s) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releases from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death. Participant and/or participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they fully advised of the potential dangers of lacrosse and understand these waivers and releasees to allow amateur lacrosse exist in its present form.

(parent/guardian signature)

(date)

(please print players name)

Name _____