

Bethlehem Lacrosse Club



Summer 2010

FOR GIRLS IN CURRENT GRADES 3-9
6 WEEK SKILLS SESSION. THURSDAYS 6-7:30PM

Payment Info:	
Registration Fee*	\$ 30.00
Add: US Lacrosse Fee**	\$ <u>25.00</u>
Total Paid:	\$ _____
*-Registration fee includes: Coaching & field space rental.	
**Spring '10 Bethlehem Lacrosse youth players, please provide your current US Lacrosse number below and disregard this fee. All new players, must pay this fee.	

Registration Form **PLEASE PRINT**

STARTING DATE JUNE 24TH AT TOWN PARK

Player's Last Name: _____ First Name _____

Player's Street Address: _____

City / ZIP: _____ Player's Home Phone: _____

Player's Parent(s):

Cell Phone 1 _____ Cell Phone2 _____

Work Phone 1 _____ Work Phone2 _____

Email 1: _____ Email2: _____

Player Details:

Birth date _____ Current Age _____ Years of Experience _____

Preferred Positions you've played _____ US Lacrosse #: _____

Name of School in 2009-2010 _____

Emergency Contact Name- _____ Emergency Tel#: _____

Health Insurance Company _____ Policy # _____

Physician's Name _____ Phone Number _____

Health Conditions (previous injuries/allergies/concerns):

Parent or Guardian Signature _____ Date _____

Please make sure you PRINT, READ AND SIGN the player waiver form on reverse side.

Mail forms to:
Kristin Devoe 65 Berwick Rd. Delmar, NY 12054

Please make your checks payable to: **Bethlehem Lacrosse Club**

Medical Authorization:

I/We being the parent(s) or guardian(s) of the minor listed above, do hereby authorize Bethlehem Lacrosse Club, its coaches, managers, or designees to act on my/our behalf in authorizing medical, dental, or surgical care and/or hospitalization and to request and obtain treatment as necessary to assure the well-being of the minor listed above for the duration of the Capital District Youth Lacrosse League spring season.

Parent/Guardian Signature _____ **Date** _____

This document shall be presented to a physician, dentist, or appropriate medical representative at such times as medical, dental, or surgical care and/or hospitalization may be required.

Lacrosse Pledge:

I understand that my child's participation in the Bethlehem Lacrosse Club is designed to be a fun and educational experience. The focus of this program is to learn the basic skills of lacrosse and to get involved in a rapidly growing and exciting sport. The focus of this program is not on winning. I understand that the players, coaches, and officials are trying their best to create a safe, fun, and positive environment and I will do my best to help maintain this environment. Any individual who is acting in an unsportsmanlike fashion may be asked to leave the Bethlehem Lacrosse Club event and may not be allowed to attend future events.

Health Pledge:

I approve of my child's participation in the Bethlehem Lacrosse Club's spring program. My child is in good health and is able to participate in all lacrosse activities. I will attach a note explaining special physical or medical limitations and/or required medications, if any.

Volunteer Agreement:

The Bethlehem Lacrosse Club requires parent volunteers in order to function. I understand that a team coordinator will be asking me to volunteer time to assist the program during the season.

Refund Policy:

The Bethlehem Lacrosse Club does not refund any portion of the Registration fee.

Signature:

I have read, understand, and accept all of the pledges, agreements, and policies listed above.

Parent/Guardian Signature **Parent/Guardian Name (Print)** **Date**

Charitable Donation:

The Bethlehem Lacrosse Club is a not-for-profit organization. I am willing to make the following tax deductible donation to the Bethlehem Lacrosse Club. This donation can be added to the registration fee.

_____ \$25 _____ \$50 _____ \$100 _____ Other _____ No donation at this time