

# Bethlehem Lacrosse

## Spring 2011



**FOR BOYS AND GIRLS PLAYERS IN CURRENT GRADES K-8**

**Bethlehem Lacrosse Club Only**

Registration \_\_\_\_\_

US Lax \_\_\_\_\_

Volunteer \_\_\_\_\_

Payment Method \_\_\_\_\_

### **REGISTRATION ACCEPTED UNTIL March 2, 2011 only**

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 2010--2011 \_\_\_\_\_

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.**

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. If for any reason you cannot commit to volunteering at this time there will be a fee of \$40.00 added to the registration price.*

*I cannot to commit to volunteering at this time please assess my \$40.00 registration fee.  YES  NO*

**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