

STALLIONS LACROSSE REGISTRATION 2012

(PLEASE PRINT)

CHILD NAME: _____ BIRTH DATE: _____
Name child goes by (B.J. or William; Jennie or Jennifer) First & Last Name

BOY/GIRL:
CIRCLE ONE

ADDRESS: _____ AGE: _____ GRADE: _____
Includes full Street Name, N., S., Dr., Pl., Tr., etc.

CITY: _____ ZIP: _____ PHONE: _____ EMAIL: _____

JERSEY SIZE: _____ SHORT SIZE: _____

CHECKS PAYABLE TO HOMER STALLIONS

PRINT NAME: Mom _____ Dad _____
Mom Cell Phone _____ Dad Cell Phone _____

SIGNED: Mr. / Mrs. _____

ACKNOWLEDGEMENT & WAIVER OF RISK

PLEASE READ CAREFULLY!

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISK OF INJURY. I understand that the dangers and risk of playing or practicing to play/participate in sports include, but are not limited to; death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the degree and risks of playing or practicing to play/participate in sport may result not only in serious injury, but in a serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities and generally enjoy life.

I also acknowledge that it is essential for my child's well-being that he not participate, or practice to play/participate in the sport of Lacrosse unless he is in good health and physical condition.

Because of the dangers of participating in the sport of Lacrosse, I recognize the importance of following coaches' instructions regarding playing technique, training and other team rules, etc. and agree to obey such instructions. I also understand that it is my child's responsibility to inform his coach or the staff of any conditions or equipment that he considers to be unsafe. Further, I recognize the importance of following orders given by team physicians and athletic trainers regarding any limitations or treatments they feel necessary for my child's health and well-being.

In consideration of Homer Stallions Lacrosse permitting my child to try out for/play/participate on the lacrosse team and to engage in all activities related to the team, including but not limited to, trying out, practicing or playing/participating in this sport. I hereby assume all risk associated with play/participation and agree to Homer Stallions Lacrosse, its employees, agents, representatives, coaches, physicians, athletic trainers and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my child's participation in any activities related to Homer Stallions Lacrosse athletic team. The terms hereof shall serve as a release and assumption of risk for my child's heirs, estate, executor, administrator, assignees and all members of my family.

HOMER STALLIONS YOUTH FOOTBALL, INC. – MEDICAL RELEASE

PARENTS OR GUARDIANS AUTHORIZATION _____ DATE: _____

In case of emergency, if family physician cannot be reached, I hereby authorize _____
to be treated by another physician who is available. (Player's Name)

FAMILY PHYSICIAN _____ PHONE _____

ADDRESS _____ CITY _____

Current on school shots (circle one) Y N Allergies/Asthma _____

Name of Family Insurance _____ Policy Number _____

I, the undersigned parent or guardian, do hereby release and hold harmless the physician, hospital personnel and every other official; hereby agreeing not to prosecute and medical claims against them, thereby waiving any and all claims that may arise as a result of medical services provided to our son/daughter, while a member of the HOMER STALLIONS LACROSSE.

SIGNED: Mr. / Mrs. _____ Date _____

OFFICE USE ONLY	DATE _____	TOTAL FEE	\$ _____
PAID BY CASH _____	PAID BY CHECK NO. _____	TOTAL AMOUNT PAID	\$ _____
WITNESS		TOTAL AMOUNT DUE	\$ _____