

# LAX REGISTRATION

*Registration Deadline: March 11, 2022 to receive the early bird fee*

YOUTH LACROSSE

## Participant Information: (one form per player)

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Gender: \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Guardian Name: \_\_\_\_\_ Guardian DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell #: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Secondary Guardian Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Emergency Contact #1 (other than guardians): \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Emergency Contact #2 (other than guardians): \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT**  
 I hereby release and discharge Colchester Parks & Recreation, its agents, employees, staff members, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation as a player or spectator in lacrosse games and practices through Colchester Parks & Recreation.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### PERMISSION TO TRANSPORT

I give Colchester Parks & Recreation & the Colchester Youth Lacrosse programs permission to have my child transported to UVM Medical Center for emergency medical care. I give permission to transport my child by ambulance with a Colchester Parks & Recreation staff member or volunteer coach to the hospital.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please check if interested in coaching: \_\_\_\_\_ HEAD \_\_\_\_\_ ASSISTANT \_\_\_\_\_ Name of Volunteer \_\_\_\_\_

**Player Fees: \$ 85 till March 11, \$95 after** (circle appropriate division)

BOYS

GIRLS

U11 BOYS: Grades 3 & 4

U11 GIRLS: Grades 3 & 4

U13 BOYS: Grades 5 & 6

U13 GIRLS: Grades 5 & 6

U15 BOYS: Grades 7 & 8

U15 GIRLS: Grades 7 & 8

\*All players must provide USA Lacrosse Membership Number\* 2022 USA LACROSSE #: \_\_\_\_\_

## Payment Information:

Check #: _____ Cash: _____	Card Type: ___ VISA ___ MC ___ AMEX ___ DISCOVER
Cash or Check Amount: _____	Name on Card: _____
Check Policy: \$25.00 service fee for all returned checks	Credit Card #: _____
All checks should be made out & mailed to : Colchester Parks & Recreation, 781 Blakely Rd, Colchester, VT 05446. For more information call Parks & Rec: 802-264-5640	3 Digit Code: _____ Zip of Card Holder: _____
	Expiration Date: _____ Amount to charge: _____
	Signature of Cardholder: _____