

LAX REGISTRATION

Registration Deadline: March 3, 2023

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: \$89 till February 17, \$99 February 18 - March 3 (circle appropriate division)

BOYS

U11 BOYS: Grades 3 & 4

U13 BOYS: Grades 5 & 6

U15 BOYS: Grades 7 & 8

GIRLS

U11 GIRLS: Grades 3 & 4

U13 GIRLS: Grades 5 & 6

U15 GIRLS: Grades 7 & 8

All players must provide USA Lacrosse Membership Number 2023 USA LACROSSE #: _____

Payment Information:

Check #: _____ Cash: _____	Card Type: ___ VISA ___ MC ___ 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: _____