

WHITMAN HANSON YOUTH LACROSSE

2008 SIGN UP FORM-

MUST BE FILLED OUT FOR EVERY PLAYER

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|---|---------|----------------|--------------|
| LAST NAME: | | FIRST NAME: | |
| ADDRESS: | | CITY/TOWN: | ZIP: |
| HOME PHONE: | | EMER. PHONE: | |
| BIRTHDATE: | | SCHOOL: | GRADE: |
| HEIGHT: | WEIGHT: | MALE - FEMALE | YRS PLAYING: |
| MOTHER'S NAME: | | FATHER'S NAME: | |
| MEDICAL INSURANCE Co.: | | POLICY No.: | |
| EMAIL ADDRESS: (VERY IMPORTANT) | | | |
| PLEASE LIST ANY ALLERGIES OR OTHER HEALTH PROBLEMS: | | | |
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| GIRLS ONLY (PLEASE CIRCLE 1 FOR EACH): | | | | | | | | | | | | | | | |
| SHIRT SIZE: YS YM YL S M L XL | | | | | | | | SHORT SIZE: YS YM YL S M L XL | | | | | | | |

I HEAR BY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE WHITMAN HANSON YOUTH LACROSSE PROGRAM.

I AGREE TO HOLD THE MEMBERS, AND/OR VOLUNTEERS OF THE WHITMAN HANSON YOUTH LACROSSE PROGRAM HARMLESS FROM ANY AND ALL DAMAGES RESULTING FROM BODILY INJURY AND TO PROPERTY WHICH MAY ARISE OUT OF OR FROM PARTICIPATION IN, PREPARATION FOR, OR TRAVEL TO OR FROM THE ABOVE NAMED PROGRAMS ACTIVITIES. I ALSO DECLARE THAT ALL OF THE ABOVE STATEMENTS RELATING TO MY CHILD'S CURRENT HEALTH ARE TRUE TO THE BEST OF MY KNOWLEDGE AND THAT MY CHILD IS ELIGIBLE TO PARTICIPATE IN THE WHITMAN HANSON YOUTH LACROSSE PROGRAM.

I ALSO RELINQUISH ANY RIGHT I OR MY CHILD MIGHT OTHERWISE HAVE FOR PAYMENT OF MEDICAL COSTS OR OTHER COSTS BEYOND WHATEVER INSURANCE I MAY HAVE. I FURTHER CERTIFY THAT MY CHILD IS COVERED FOR INJURY UNDER MY PRIVATE INSURANCE POLICY.

PARENT/GUARDIAN SIGNATURE: _____

REGISTRATION FEE DUE AT REGISTRATION FOR THE 2008 SEASON IS **\$140.00** FOR FIRST CHILD, **\$125.00** FOR THE SECOND & **\$100.00** FOR EACH ADDITIONAL CHILD.
MAKE CHECKS PAYABLE TO "WHITMAN HANSON LACROSSE"