

SPARTAN LACROSSE CLUB

403 Ascot Rd. Oreland, PA 19075

NAME _____ D.O.B _____ AGE as of Jan. 1 _____

ADDRESS _____ CITY/ZIP _____

TOWNSHIP _____ SCHOOL/GRADE _____

FATHER _____ PHONE(S) _____

MOTHER _____ PHONE(S) _____

E-MAIL _____

US LACROSSE MEMBER NUMBER* _____

* For your number go to www.uslacrosse.org

Does player have lacrosse background? YES _____ NO _____ EXPLAIN _____

Does player have any physical limitations SLC should know about? _____

PERMISSION CERTIFICATE AND TERMS OF PARTICIPATION

My son _____, has my permission to participate in the sports program conducted by the Spartan Lacrosse Club (the Club). I/we also certify that my son/daughter is physically fit to participate in the sport program maintained by the Club. We shall furnish a Birth Certificate upon request.

MEDICAL AUTHORITY AND HEALTH INSURANCE INFORMATION

In case of medical emergency, and where I/We cannot be reached in advance, I/We hereby give our permission to the physicians selected by the officers, directors, managers, coaches and/or agents of the Spartan Lacrosse Club to secure proper medical treatment for my child named above. I also certify that my child is covered by the following health insurance coverage.

INSURANCE CO. _____ POLICY NO. _____

DOCTOR'S NAME _____ PHONE NO. _____

CONTACT IN CASE OF EMERGENCY _____

RELEASE AND INDEMNIFICATION AGREEMENT

I/We agree that the Spartan Lacrosse Club, its officers, directors, managers and coaches (Releasees) shall not be held responsible for any personal injuries suffered by my/our child in the sports program conducted by the Club, including transportation to and from the activities, and I/We release and discharge Releasees from any claim or cause of action relating to such personal injury. I/We being the parent(s) or guardian(s) of the above named Minor, approve this Release, waive any right in the premises and agree to fully indemnify and hold harmless Releasees from and against any loss, liability, damage, costs and expense, which Releasees may incur or sustain relating to any personal injuries suffered by the above named Minor in the sports program maintained by the Club.

SIGNATURE OF PARENT(S) OR GUARDIAN(S) _____

DATE: _____

Fee Schedule: New Players \$120.
Returning Players: \$110.
1st & 2nd Grade \$75.
Additional Family Members: \$100.