

Ledyard Youth Lacrosse Association *Winter Lacrosse Clinic Registration*

NAME: _____ Male / Female _____
Last First

ADDRESS: _____
Street Town State Zip

Age: _____ Grade: _____ Years Exp: _____ School: _____

Phone #: _____ e-mail#1*: _____

e-mail#2*: _____

e-mail#3*: _____

*Note: e-mail will be the primary means of communication between your family and the coaches regarding session schedules so please provide one or more e-mail address that can be and will be checked frequently prior to all sessions. If none are available, please indicate "none available" in the first blank.

FATHER'S NAME

MOTHER'S NAME:

Please summarize any medical conditions that we should know about:

Registration:

- (1) The registration fee is \$10.00 total for all clinic sessions to help defray the cost of janitorial services related to use of the school gym. Please make check payable to Ledyard Youth Lacrosse Association (LYLA).
- (2) The attached **Assumption of Risk and Grant Consent for Medical Treatment** form must be filled out and signed by a parent (or legal guardian).
- (3) Return all forms and check in person or via US Mail to the Ledyard Parks and Recreation office or to LYLA no later than December 31st. Mailing addresses are as follows for mailed packages:

Ledyard Parks and Recreation
4 Blonders Boulevard
Ledyard, CT 06339

LYLA
c/o Sharon Baxley
36 Highland Drive
Ledyard, CT 06339

LEDYARD YOUTH LACROSSE ASSOCIATION

Player Registration – 2008 Season *(one form per player)*

ASSUMPTION OF RISK

Name of Participant: _____

In consideration of the above-named individual participating in events co-sponsored by the Ledyard Parks and Recreation Department and the Ledyard Youth Lacrosse Association, events that may be conducted on Ledyard Parks and Recreation Department controlled properties (i.e., playing fields) and/or on Town of Ledyard, Board of Education, controlled properties (i.e., playing fields and/or school gyms), I agree to the following:

1. CODE OF CONDUCT: I have read and agree to abide by all terms in the CODE OF CONDUCT attached to the participant's US Lacrosse Membership application, especially with regard to the responsibilities of the Player/Parent.
2. WAIVER FOR PARTICIPATION: Please read this form carefully and be aware in registering your minor child/ward for participation in the Lacrosse program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

- I agree to assume responsibilities for all actions, risks, damages, illnesses and bodily injury while the aforementioned is participating in a lacrosse game or being instructed in the sport of lacrosse.
- I understand this lacrosse program is conducted, instruction given and games played, mainly outdoors. I also understand that the lacrosse goals, field conditions, length of grass, lacrosse equipment, bleachers, benches, high temperatures, high humidity, and the competitiveness of the activity make this a very high risk sport.
- I also understand that lacrosse program activities may occur within the confines of school gymnasiums where walls, chairs, bleachers, doors, water faucets, basketball backboards, light fixtures, balls, wood and tile floors, freezer, and gymnastic and wrestling mats or other sports equipment, as well as lacrosse equipment and the competitiveness of the activity, make this a very high risk sport.
- In consideration of being accepted as a participant in the program provided by Ledyard Youth Lacrosse Association, I hereby, for myself, my heirs, executors and administrators, release and discharge the coordinators, coaches, managers, referees, monitors, volunteers or anyone associated with said program, Town of Ledyard, Ledyard Parks and Recreation Department, Ledyard Board of Education, custodians, any person(s) associated with the present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of, or incident to the aforementioned participant in this lacrosse program.
- I have informed the proper authorities (the Ledyard Parks and Recreation Department and the Ledyard Youth Lacrosse Association) in writing of any medical condition of the aforementioned participant and agree to ensure the wearing by the participant of the proper attire and equipment for this sport.
- I hereby state the aforementioned participant has been examined by a physician, is in good general health and proper physical condition enabling him/her to participate in the Ledyard Youth Lacrosse program.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS WAIVER AND RELEASE OF ALL CLAIMS.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

GRANT CONSENT FOR MEDICAL TREATMENT

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become injured or ill when parents or guardians cannot be reached. I (we) the undersigned, hereby certify that I (we) are the parent or legal guardian of the above-named participant and hereby give permission to program coordinators and coaches to seek the appropriate medical attention as deemed necessary to ensure the well being of my (our) son or daughter.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

In the event that the parents/guardians listed on Page 1 cannot be reached, notify the following in event of an EMERGENCY:

Name

Relationship to Participant

Phone Number