

# SIGNAL MOUNTAIN LACROSSE

2010

## REGISTRATION FORM

PRINT CLEAR/ FILL ALL BLANKS

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN/CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PREFERRED GENERAL CONTACT E-MAIL: \_\_\_\_\_

FATHER NAME: \_\_\_\_\_ MOTHER NAME: \_\_\_\_\_ GUARDIAN: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OCC: \_\_\_\_\_ OCC: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PERSON TO NOTIFY IN AN EMERGENCY: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DOCTOR TO NOTIFY IN EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**WE NEED YOUR HELP !!! Many hands make light work. The need for volunteers to assist in any organization is vital to both its success and the enjoyment of all participants. The youth of our community deserve positive experiences for social growth, health, fitness, and discipline. There is no necessary lacrosse experience required, just a positive attitude and a willingness to learn. Please circle below the areas you are willing to consider helping us with as we build a successful youth sports program.**

FUNDRAISING PROJECT COORDINATOR      HOME GAME VOLUNTEER/TIMEKEEPER      SCOREBOOKKEEPER / MANAGER

FIELD MAINTENANCE

COMMITTEE HEAD

COMMITTEE VOLUNTEER

### AUTHORIZATION / RELEASE OF LIABILITY:

The undersigned parent or legal guardian of the above named child recognizing that the sport of lacrosse does contain elements of risk and possible injury does hereby consent to and give approval for the above child to participate in any and all program activities during the current seasonal year. I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I assume all risks and hazards incidental to such participation in any and all program activities during the current seasonal year including but not limited to transportation to and from activities. In consideration for U.S. Lacrosse/ SML and its affiliates, accepting the registrant for its lacrosse programs and activities to the extent not covered by insurance programs, I hereby release, waive, discharge, absolve, indemnify, and agree to hold harmless U.S. Lacrosse/ SML, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, officers, board of directors, coaches, assistant coaches, and any person acting by or on behalf of SML against any claim by or on behalf of the registrant arising out of or in any way connected with injury the child may receive while participating in SML activities. My child has received a physical examination by a physician and has been found physically capable of participating in the programs. Therefore, I grant SML, officials, coaches, or persons associated with SML permission to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the child become ill or injured while participating in SML away from home or at any other time when neither parent or guardian is available to grant authorization for medical treatment I also assume the financial responsibility for any medical treatment for my child.

NAME (print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

( parent/ guardian)

(parent/ guardian)

**Base fees must be paid in full and all forms completed to begin practice.  
There are no refunds of registration fees.**

REQUESTS/ COMMENTS:

MAKE CHECKS PAYABLE TO: SIGNAL MOUNTAIN LACROSSE