



7<sup>th</sup> & 8<sup>th</sup> Grade Youth Lacrosse  
2012 Registration Form

Player Name (please print) \_\_\_\_\_

DOB \_\_\_\_\_ Grade \_\_\_\_\_ Gender (circle one) M F

Address \_\_\_\_\_

Primary Guardian \_\_\_\_\_ Secondary Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent E-mail \_\_\_\_\_

Parent E-mail \_\_\_\_\_

Player E-mail \_\_\_\_\_

US Lacrosse Membership Number \_\_\_\_\_

Visit [https://secure.uslacrosse.org/default.cfm?fuse\\_action=NewMem](https://secure.uslacrosse.org/default.cfm?fuse_action=NewMem) to apply-\$25 fee.

Preferred Position: \_\_\_\_\_ Attack \_\_\_\_\_ Midfield \_\_\_\_\_ Defense \_\_\_\_\_ Goalie

Participation fee: \$95. Checks can be made out to Friends of Hanover Lacrosse.

Paid: Cash \_\_\_\_\_ or Check # \_\_\_\_\_

# Friends of Hanover Lacrosse

## 2012 PARTICIPANT WAIVER STATEMENTS

Player Name: \_\_\_\_\_

I, the undersigned, hereby certify that I am the parent or legal guardian of the above named player. I am fully aware of and appreciate the risks associated in participation in youth lacrosse and the related conditioning activities. I further agree on behalf of myself, my heirs, and personal representatives, that Friends of Hanover Lacrosse, LLC along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any personal injury or any other loss or damage whatsoever occurring as a result of participation in this program.

I hereby give consent to the Friends of Hanover Lacrosse, LL. to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of the above named player's participation.

I certify that the above named player is in good health and may participate in all activities as a player in the Friends of Hanover Lacrosse, LLC activities.

I give consent for my child to be photographed, videotaped and/or filmed while participating in activities and for the resulting images to be used by Friends of Hanover Lacrosse, LLC for teaching, promotional and website purposes.

As parent/legal guardian of the above player, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in the Friends of Hanover Lacrosse, LLC program, and I accept each of the above conditions.

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Emergency Contact: \_\_\_\_\_

Insurance Coverage \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_  
Special Information regarding medical history: