

Lebanon Valley Lacrosse Club

Fall 2020 Registration Form

Date: Saturday, September 12, 2020

Location: Lebanon Valley College, Arnold Field (Turf Stadium)

U11-U15: 11am-12:30pm

High School: 12:30pm-2pm

Please Contact for Tryout Confirmation (lightninglaxclub@lebanonvalleylax.com)

Player Name:

Grade and School (Fall 2020):

Position(s):

Email(s):

Address:

City:

State:

Zip:

Phone Number(s):

Parent(s) Name(s):

*US Lacrosse # :

Expiration Date:

Shirt Size:

Short Size:

All players will be required to be members of US Lacrosse to participate and try out for the team. If a player is not a US Lacrosse member, a US Lacrosse registration form can be downloaded from the website - www.lacrosse.org

Waiver of Liability In consideration of participating in the LVLC, the player named above and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge the LVLC, their officers, staff, administrators, volunteers, sponsors, and representatives and assigns for and against any and all claims, actions, cause of actions, suits, judgements and demands whatsoever arising directly or indirectly in connection with the player's participation in the LVLC. By signing below, I acknowledge that I have read and understand this form and further understand the terms and herein are contracted and not a mere recital.

Signature of Parent/Guardian:

Date:

Medical Release I being the parent or legal guardian of the above named player, authorize the staff of the LVLC to request treatment as necessary to ensure the well being of our dependent. I certify that he is in good health and able to participate in the scheduled events. I am attaching a note explaining any special physical limitations and/or required medical attention that is necessary for my son.

Signature of Parent/Guardian:

Date:

Health Insurance Company:

Policy Number:

****PLEASE CONTACT INTEREST PRIOR TO TRYOUT TO ALLOW FOR PROPER STAFFING PREPARATION****. Bring the registration form, all necessary equipment, a reversible uniform, and cleats. You may mail the registration and payment prior to the practice to:

LVLC

PO Box 413

Palmyra, PA 17078