

SAUGUS YOUTH LACROSSE

PLAYER REGISTRATION 2010

Player Name: _____ **D.O.B:** _____

Address: _____

City/State/Zip: _____

Telephone: _____ ***EMAIL:** _____

Age: _____ **Grade:** _____

Lacrosse Experience (if any) _____

Registration Fee- \$100.00 Due in Full. (non-refundable)

Please make check payable to: SAUGUS YOUTH LACROSSE

(check one) Cash _____ Check _____ Check # _____

Parent/Guardian Names: _____

Release of Liability/Acknowledgement of Risk:

I/We the parents/guardians of the above named player for the Saugus Youth Lacrosse Program hereby gives my/our approval to his/her participation in any and all activities related to the Saugus Youth Lacrosse Organization. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Saugus Youth Lacrosse Program and any and all of its agents, including without limitation its assignees, the organizers, supervisors, participants for any and all related claims to said activities.

Full Lacrosse Approved Equipment Required

Parent/Guardian Signature: _____

Date: _____

Thank You, SAUGUS YOUTH LACROSSE