



LAS VEGAS LACROSSE LEAGUE'S 2008 SPRING SEASON REGISTRATION

Mail-in Application / Registration Form

Registration available on-line at: www.lasvegaslacrosse.org

Team affiliation, if known: _____

Player's Last Name: _____ First Name: _____

Date of Birth: _____ Grade: _____

Address: (Street) _____ Apt. or Unit Number _____

City _____ State _____ Zip Code _____

School Player Attends _____ Zoned School, if not the same _____

Male Female Existing Medical Condition: _____

Medication: _____

Player's E-Mail, if any: _____

Player's Home Phone: _____ Cellular: _____

1st Parent or Guardian: _____
Name Phone

2nd Parent or Guardian: _____
Name Phone

Parent E-Mail, if any: _____

Emergency Contact: _____
Name Phone

Medical Insurance Carrier, if any: _____

Group, Policy, or I.D. Number: _____

US Lacrosse Number: _____ Expiration: _____

Level of Experience (circle one): None 1 year 2 year 3 or more years

PLEASE MAIL APPLICATION FORMS, COMPLETE WITH SIGNED WAIVER, CHECK OR CASH
PAYMENT FOR \$70.00 FOR ALL MEN'S DIVISIONS AND \$60.00 FOR ALL WOMEN'S DIVISIONS
TO:

The Las Vegas Lacrosse League at 8680 Rosey Ct., Las Vegas NV 89149





PLAYER AND PARENTAL CONSENT TO PARTICIPATE

WARNING, AGREEMENT TO OBEY INSTRUCTIONS, LIBALITY RELEASE, ASSUMPTION OF RISK,
AND AGREEMENT TO HOLD HARMLESS

(Both Player and Parent / Guardian must read carefully, understand, and agree to, prior to participating at any level with the 2008 Spring Season)

PLAYER

I am aware that playing or practicing to play/participate in any sport/activity can be dangerous in nature involving many risks of injury. I understand that the dangers and risks of playing or practicing to play/participate in lacrosse include, complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, serious injury to virtually all internal organs, and serious injury or impairment to other aspects of my body, general health, and well being. I understand that the dangers and risks of playing or practicing to play/participate in lacrosse may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in lacrosse, I recognize the importance of following coaches and volunteer's instructions regarding playing techniques, training, and other clinic rules, etc., and to agree to obey such instructions.

In consideration of the Las Vegas Lacrosse Association, d.b.a the Las Vegas Lacrosse League permitting me to engage in all activities related to clinics, practices, games tournaments and travel, including, but not limited to, instruction, practicing, or playing lacrosse, I hereby assume all risks associated with participation and agree to hold the Las Vegas Lacrosse League, its employees, agents, representatives, directors, volunteers, players, parents and family members harmless from any and all liability, action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to any and all lacrosse activities as described herein. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

(Sign to confirm you are aware that lacrosse is a violent contact sport, if registering on-line, the "accept" acknowledgment will serve as a record of my acceptance of these terms)

I specifically acknowledge that lacrosse is a contact sport involving great risk of injury.

Player's Signature

Print Name

Date

PARENT/GUARDIAN

In consideration of the Las Vegas Lacrosse League permitting my son or daughter to engage in all activities related to the 2008 Spring season, including, but not limited to all practicing, conditioning, instruction or playing/participating in the sport of lacrosse, I hereby assume all the risks of my son/daughter associated with their participation and agree to hold the Las Vegas Lacrosse League, its agents, representatives, directors, and volunteers harmless from any and all liability, actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with his/her participation in any activities related to any lacrosse activity.

The terms hereof shall serve as a release and assumption of risk for my son's/daughter's heirs, estate, executor, administrator, assignees, and for all members of his/her family.

I have read and understand the risks as detailed in the player section of this agreement above.

Sign to confirm you are aware that lacrosse is a contact sport.

I specifically acknowledge that Lacrosse is a violent contact sport involving great risk of injury (If registering on-line, the "accept" acknowledgment will serve as a record of my acceptance of these terms).

Parent / Guardian's Signature

Date

Emergency Contact: _____

Phone: _____

Team: _____ Division: _____ Jersey Colors: _____ / _____

Position: (circle one) Attack Mid Field Defense Goalie Jersey Number : _____