

WEYMOUTH YOUTH LACROSSE

2016 SPRING BOYS AND GIRLS LACROSSE SIGNUP

Players Name _____ DOB _____ GRADE _____

M__F__

Players Name _____ DOB _____ GRADE _____

M__F__

PARENT/GARDIAN _____ DOB _____

M__F__

PARENT/GARDIAN _____ DOB _____

M__F__

ADDRESS _____ ZIP _____

HOME _____ CELL _____

EMAIL _____

PLEASE PUT YOUR CHILDS FIRST NAME IN THE ONE THEY ARE SIGNING UP FOR

_____ BOYS CUBS K-1ST(\$70.00) _____ BOYS 2(\$170.00)

_____ BOYS 3/4(\$170.00)

_____ BOYS 5/6(\$170.00) _____ BOYS 7/8(\$170.00)

_____ GIRLS CUBS K-2(\$70.00) _____ GIRLS 3/4(\$170.00)

_____ GIRLS 5/6(\$170.00) _____ GIRLS 7/8(\$170.00)

TOTAL AMOUNT _____ CHECK NUMBER _____ CASH _____

PAYMENTS MADE AFTER DECEMBER 1, 2015 WILL BE CHARGED A LATE FEE OF \$25.00

CUBS- SHIRTS SIZE __ YOUTH-MED __ YOUTH-LG

UNIFORM SIZE **NO RETURNS OR EXCHANGES

YOUTH SHIRT __ YOUTH-SM __ YOUTH-MED __ YOUTH-LG

YOUTH SHORTS __ YOUTH-SM __ YOUTH-MED __ YOUTH-LG

ADULT SHIRT __ A-SM/MED __ A-LG __ A-XLG

ADULT SHORTS __ A-SM __ A-MED __ A-LG/XLG

EMAIL IS OUR MAIN COMMUNICATIONS TOOL TO NOTIFY PLAYERS OF CHANGES, CANCELATIONS, & OTHER INFORMATION. WE ALSO POST ON FACEBOOK AND TWITTER.

PARENT OR GAURDIAN AUTHORIZATON As the parent or legal guardian of the above named registrant in the Winter Lacrosse Select program, I hereby give my son permission to participate. I have read this application and the program rules and regulations thoroughly and I understand and agree to abide by all aspects of them. I understand that lacrosse is a contact sport in which injury, even serious injury, may occur and I assume all risks and hazards incidental to their participation in this program. I further release WINTER LEGACY LACROSSE LEAGUE/WEYMOUTH YOUTH LACROSSE, its staff, affiliates, and the host facilities from all liability associated with my son participation in this program. I understand that my registration fee is non-refundable and non-transferable, except as specifically allowed by WINTER LEGACY LACROSSE LEAGUE/Weymouth Youth Lacrosse. I also grant WINTER LEGACY LACROSSE LEAGUE/Weymouth Youth Lacrosse, its staff and designees, permission to seek emergency medical care for my son/daughter. I certify that the insurance information provided is correct and current and agree to assume all responsibility for any medical expenses incurred **I accept the above**

PHOTO RELEASE I grant WINTER LEGACY LACROSSE LEAGUE/ Weymouth Youth Lacrosse the right to take photographs of my player and as spectators in connection with the above-identified event. I authorize Weymouth Youth Lacrosse and its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that WINTER LEGACY LACROSSE LEAGUE/Weymouth Youth Lacrosse may use such photographs with or without name and for any lawful purpose, ex. publicity, illustration, advertising, and Web content. **I accept the above**

MEDICAL CONDITION Please tell us about any medical conditions we should be aware relative to your son participating in WINTER LEGACY LACROSSE LEAGUE/WEYMOUTH YOUTH LACROSSE program and/or before seeking medical treatment.

VOLUNTEERS We will be setting up a Concession Stand to sell Weymouth Youth Lacrosse Apparel, Drinks, Candy and chips at all the Home Games. We ask that each family donated their time at one home game during the season. The money we raise helps keep the cost down for your child to play for Weymouth Youth Lacrosse.

_____ Yes _____ No

REFUNDS Weymouth Youth Lacrosse will not be able to give any REFUNDS for any players that choice not to play! Players that have been injured will be giving a credit on their account minus a \$50.00 non refundable deposit up until 2nd week of games. After that it will be at the discretion of the President of Weymouth Youth Lacrosse. **I accept the above**

I'm interested in the following(Head Coach will get 1 FREE Spring 2015 REG. FOR YOUR CHILD ONLY)

_____ HEAD COACH _____ ASSISTANT COACH _____ NONE OF THE ABOVE

ALL PLAYERS MUST BE SIGNED UP FOR US LACROSSE (EXCEPT CUBS)

IMPORTANT INFORMATION FOR PARENTS

Please go to USLACROSSE.ORG and register your player or renew their membership. All memberships have to be good threwh June 30,2016. If you have already done so please send us a confirmation with your players number to Weymouth Youth Lacrosse's email wylaxdir@yahoo.com

UsLax # _____