



South Portland Youth Lacrosse Registration Form

US Lacrosse Number _____ D.O.B. _____
Grade in School _____

Player Name _____
Mailing Address _____ City _____
State _____ Zip _____ Short size _____ Jersey Size _____
Home Telephone _____ Email _____
Position previously played _____ Medical Issues _____
Primary Medical Insurance Carrier _____ Policy Number _____

Parent #1 _____ Email _____
Cell Phone w/ texting _____
Parent #2 _____ Email _____
Cell Phone w/ texting _____

Emergency Contact _____ Telephone Number _____
Relationship to participant _____

All South Portland Youth Lacrosse participants must sign this Consent Form & Liability Waiver to be eligible to participate in any sports related activities.

I hereby grant permission for my child to participate in South Portland Youth Lacrosse.

I understand and acknowledge that a participant may incur personal or bodily harm while participating in lacrosse related activities, including but not limited to activities described as running, jumping, physical contact, etc.

By signing this agreement, I assume all risks inherent in these activities and accept full responsibility for any and all damages or injuries of any kind; but I am also aware that reasonable care and supervision will be exercised by the adult supervision to provide for the general well-being of my child.

I further acknowledge placing my trust in my child to adhere to proper standards of conduct and to follow the rules set forth by the adult supervision in charge of his lacrosse team. I understand and assume the risks described above and those inherent with lacrosse and I individually, on behalf of my child, do hereby release and discharge and covenant not to sue South Portland Youth Lacrosse and/or volunteers for this activity and agree to hold them harmless from any and all claims whatsoever arising from the conduct of any person(s) which results in the injury or loss to my child or myself.

I accept responsibility of notifying my player's coaching staff of any pre-existing conditions affecting my child.

I further understand and acknowledge that the South Portland Youth Lacrosse Program will not allow my child to participate in such activities without my acceptance of and signature on this agreement.

Parent Name: _____ Parent Signature: _____

Date: _____

Paid: _____ Cash _____ Check _____

I would like to Volunteer to be a Coach: YES: _____ NO: _____