

Palmyra Lacrosse Club Player Registration Form

Please Print

Player Name _____ Returning Player ____ Jersey Number _____

Date of Birth _____ Current Grade _____

Street Address _____ City & Zip Code _____

Father's Name _____ Primary Phone# _____

Address If Different From Above _____

Mother's Name _____ Primary Phone# _____

Address If Different From Above _____

Any Alternate Phone Numbers _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Please List Any Known Medical Conditions _____

Please List Any Medications Taken on a Regular Basis

Name of Health Insurance _____

Subscriber _____ Employer _____

Email Addresses _____

You must be a US lacrosse member to be a member of Palmyra youth lacrosse member.

US Lacrosse Membership # _____ Expiration Date _____

Registration Fee

For the 2017 season, fees have been set for \$100.00 for U13 and U15 players and \$50.00 for U11 players. For every subsequent child playing lacrosse in your family there is a \$25.00 discount. There is a \$50.00 fundraising requirement per child and a \$75.00 maximum fundraising requirement per family with multiple children playing. This can be paid in full at beginning of season or you can participate in various fundraisers to help meet this requirement.

Mail-in Registration forms should be sent to PO Box 209, Palmyra, PA 17078. Registrations must be received by January 30, 2017. Late registrations must include a \$15.00 late fee.

Palmyra Lacrosse Club
Liability Waiver and Agreement of Player Code of Conduct Form

PLEASE READ COMPLETELY

I, the parent/guardian of _____ (participant), realize that participation in lacrosse involves a certain degree of risk and injury. Specifically, I am aware that physical injury can occur even when I, the coaches, parent representatives and volunteers, exercise the utmost care. For this reason, and in consideration of my child being permitted to participate in this activity, I, the parent/guardian of the above named player, consent to having my child play lacrosse under this agreement with the understanding that neither the Palmyra Lacrosse Club, coaches, parent representatives and volunteers, or any individual connected with the playing of the games, shall be liable in anyway whatsoever for any injury suffered by my child. I also understand that I, the parent/guardian, am responsible for any medical bills incurred as a result of injury while my child is participating in this activity. I further state that I have disclosed all relevant physical handicap, impairment, or condition pertaining to my child on the registration form.

Date: _____ Parent/Guardian Signature: _____

VOLUNTEERS NEEDED

Please put a checkmark or X next to the various activities that you would like to volunteer for.

_____ Game timekeeper for home games (circle age level - U11 U13 U15)

_____ Lining the fields for home games and practice

_____ Volunteer to help coach (circle age level - U11 U13 U15)

_____ Concession at home games

_____ Fundraising

Please print name and email address/telephone number so you can be contacted.

Name _____

Email Address _____

Phone Number _____