

**Fox Warrior Lacrosse Registration Form, 2018**

**PLAYER INFORMATION:**

Player Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_ Player's Cell: (\_\_\_\_)\_\_\_\_\_

Player's email: \_\_\_\_\_ School/Grade: \_\_\_\_\_

U.S. Lacrosse Membership #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION:**

Parent/Legal Guardian #1 \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_ Parent/Legal Guardian #1 Cell: (\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parent/Legal Guardian #2 \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_ Parent/Legal Guardian #2 Cell: (\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Emergency Contact Name: \_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_

Player's Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

- **PERMISSION TO PLAY**
- **AUTHORIZATION FOR TREATMENT**
- **INSURANCE COVERAGE**

We hereby give our consent for \_\_\_\_\_  
 to represent The Fox Warrior Lacrosse Club in athletics. We will not hold the club/team responsible in case of accident or injury, whether in route to a game or practice or during practice or a game. We hereby agree to hold the club, school district, representatives, coaches and volunteers harmless from any and all liability, actions, and causes of action, debts, claims or demands which may arise by or be in connection with participation by my child in all activities related to the Fox Warrior Lacrosse Club.

If we cannot be reached in the event of an emergency, we give consent for the Fox Warrior Lacrosse Club to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the player, if injured in the course of club activities.

We understand that the Fox Warrior Lacrosse Club does not provide transportation to events and it is the responsibility of the parent/player to provide all transportation.

We further state that \_\_\_\_\_ is in good health and has no physical condition that would prevent or hinder his/her participation in the program and agree he/she will wear appropriate protective equipment while participating in the program (copy of current physical must be provided).

The MSHSAA by-laws provide that a student shall not be permitted to practice or compete for a school athletic club until it has verification that he/she has basic athletic insurance coverage. Our child is covered by basic accident insurance for the current school year with:

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Insurance Company Name	Policy #/Member ID
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Signature of Parent/Guardian	Date
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