

PRINCE WILLIAM YOUTH LACROSSE
2003 SPRING SEASON

PLAYER: _____ GRADE: _____ AGE: _____ DOB: _____ SEX: _____

PARENT(S)/GUARDIAN(S): _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____

Phone Numbers:

HOME#: _____ WORK(F): _____ WORK(M): _____

OTHER#'s (pager, cell phone, etc.): _____

E-MAIL ADDRESS: _____

E-MAIL ADDRESS: _____

E-MAIL ADDRESS: _____

#SEASONS EXPERIENCE: _____ Coach _____

INTERESTED IN COACHING/ASSISTING/LEARNING TO COACH? YES _____ NO _____

WILLING TO VOLUNTEER? YES _____ NO _____

EQUIPMENT RENTAL REQUIRED? (1st Year players only) YES _____ NO _____

DALE CITY TEAM _____ MANASSAS TEAM _____

ADDITIONAL COMMENTS/QUESTIONS:

PARENTAL WAIVER/MEDICAL RELEASE

In consideration for my/our child _____ being allowed to participate in any way in the Prince William Youth Lacrosse Club (PWYL):
I/we (the undersigned) hereby certify that he/she is in good health and physical condition and is fit to participate in any and all related activities.

I/we acknowledge that lacrosse is a contact sport and that each participant will be engaging in activities that involve risk of injury due to the action/inactions of coaches and players, the rules of play, the equipment and the field conditions, and hereby assume all such risks, foreseeable or unforeseeable at this time and agree to abide by the rules of play adopted by the Northern Virginia Youth Lacrosse League and the Code of Conduct in the Northern Virginia Youth Lacrosse League By-Laws.

I/we hereby release/waive/discharge the Northern Virginia Youth Lacrosse League and the Prince William Youth Lacrosse (PWYL) and their respective coaches, assistants, league officials, agents, other players or other parents/guardians from any and all liability to each of the undersigned for any and all claims, demands, losses or damages on account of injury caused in whole or in part by the negligence of the releases.

I/we hereby give permission for and assume responsibility for the payment of any and all medical attention necessary to be administered to my child in the event of injury, sickness, etc. under the direction of the team coach until such time as I may be contacted.

Parent/Guardian: _____
Signature Date

Print Name: _____

PLEASE MAKE CHECKS PAYABLE TO: "PWYL"