

# Nor- Cal Lacrosse

PO Box 222161  
Carmel, CA 93922

## **Nor - Cal Monterey Indoor Lacrosse Registration Player Registration Form**

Cost Per Player: \$115. If paid after December 8<sup>th</sup>, add \$25 late fee.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade in Sept: \_\_\_\_\_  
Position: A , M , D , G  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_

US Lacrosse Membership # (Mandatory) \_\_\_\_\_

All players must be current US Lacrosse members for insurance purposes.

If you need to become a member please sign up on line at [www.uslacrosse.org](http://www.uslacrosse.org)

Medical Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Date of birth \_\_\_\_\_

### **Emergency Release Information**

In the event of illness, accident, or injury, I direct the Nor Cal Lacrosse to contact the following persons, who are authorized to act in my absence. I will inform those listed that their names have been used on this form.

Parent(S)/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

1. Mother/Guardian \_\_\_\_\_ Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_
2. Father/Guardian \_\_\_\_\_ Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_
3. Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Any allergies? Y N List all, Including medications

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**Sign Up On Line: [www.norcallacrosse.com](http://www.norcallacrosse.com)**

*There will be a \$25 late registration fee for all players that register after December 8.*

# Nor-Cal Lacrosse Waiver

Nor – Cal Monterey Indoor Lacrosse

## Agreement To Participate /Release of Liability

Participation in lacrosse involves certain inherent risks and, regardless of the care taken, it is impossible to ensure the participant's safety. Lacrosse requires considerable coordination, agility, and a high level of cardiovascular fitness. It involves vigorous activity for as long as an hour or more, quick bursts of speed, and alertness to fast moving objects. A variety of injuries may occur, including: minor scrapes, bruises, and sprains; more serious injuries, such as broken bones, cuts, concussions, eye injuries, and ligament strains or tears; and catastrophic injuries such as heart attack, paralysis, and death.

These injuries may occur in lacrosse as a result of accidents such as slips, being struck by the ball in an unprotected area, being struck by a stick in an unauthorized fashion, colliding with another player, colliding with the goal, falling or excessive stress placed on the cardiovascular system. To help reduce the chance of injury to oneself or other participants, participants are expected to follow all official rules. All participants are expected to: wear protective pads and gloves as required by the official rules.

I/We, the parent(s)/guardian(s) of the aforementioned child, hereby give permission for my/our child to participate in the Nor-Cal Indoor Lacrosse League during the dates listed. I/We understand there are obvious known dangers/risks inherent in participation in this program (or any program of this nature), including, but not limited to, injuries sustained through a fall or loss of personal property. I/we voluntarily agree to assume such risks. In consideration of the Nor-Cal Indoor Lacrosse League permitting my/our child's participation in the Nor-Cal Indoor Lacrosse League, based on my/our representation that my/our child is in proper physical health and condition to participate, I/we agree:

1. To assume all risk of injury to my/our child and all risk of damage to or loss of my/our child's property arising from my/our child's participation in Nor-Cal Indoor Lacrosse League.
2. To release and forever discharge the Nor-Cal Lacrosse, its officers, agents, and employees from any and all claims or liability for any injury, including death, and for property damage or loss which may be suffered by me or my child arising out of or in any connection with my child's participation in the Nor-Cal Indoor Lacrosse League, and;
3. For my/our child, myself, our heirs, executors, administrators, and assigns to indemnify and hold harmless the Nor-Cal Lacrosse, it's officers, agents and employees from any and all liability, claims, demands, actions, loss and damage arising out of my/our child's participation in the Nor-Cal Indoor Lacrosse League.

**AGREEMENT:** I agree to follow all preceding safety rules, all posted rules, and all rules common to the sport of lacrosse. Further, I agree to report any unsafe practices, conditions, or equipment to the management. I certify that: 1) I possess a sufficient degree of physical fitness to safely participate in lacrosse, 2) I understand that I am to discontinue activity at any time I feel undue discomfort or stress, and 3) I will indicate bellow any health related conditions that might affect my ability to play lacrosse and will immediately verbally inform the management if I feel any discomfort or stress.

Player must indicate any medical conditions/illnesses he has.

Diabetes \_\_ Heart Problems \_\_ Seizures \_\_ Asthma \_\_ Other \_\_\_\_\_

**I have read and understand the preceding information and stipulations. I know, understand, and appreciate the risks associated with playing lacrosse and I am voluntarily participating in the activity. I assume all of the inherent risks of lacrosse, I understand in the event of medical emergency, an EMS will be called to render assistance and that I will be financially responsible for any expenses involved.**

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

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