Geneva Family YMCA
399 William Street
Geneva, NY 14456

Outdoor Lacrosse
BOYS 2023

Kindergarten 1-2

3-4 5-6
(circle one)

NAME:_____/_____
Last First

ADDRESS:_____/_____
Zip

PHONE:_____ SEX: M / F Current Grade:_____ D.O.B:_____

**********Mandatory INFO **********

Parent E-Mail Address:_____

HEALTH INFORMATION

Does your child take any medication? No Yes_____
Please specify

Do your child have any allergies? No Yes_____
Please specify

Do you child have any disabilities/medical issues/injuries

No Yes_____
Please specify

EMERGENCY INFORMATION

Emergency Contact:_____ Phone #_____

Relationship:_____

WAIVER:
I hereby certify that my child is in normal health and capable of safely participating in the Sport or Event named above. I understand that this activity is potentially dangerous and can result in injury, even under normal circumstances. My child is physically able to participate in the activity named above. I hold harmless the Geneva Family YMCA, any officer, volunteer or employee of, and all involved with participation in the above mentioned sport or activity. In the event that I am not able to make arrangements for emergency medical attention at the time of a illness or accident, I hereby authorize the Geneva Family YMCA to transport my child to the nearest medical facility for treatment deemed necessary.

Date:_____ Signature _____

Fee:	**Kindergarten**	**$20**
	1st-2nd Grader	**$60**
	3rd-4th Grader	**$60**
	5th-6th Grader	**$60**

Geneva Family YMCA
399 William Street
Geneva, NY 14456

Outdoor Lacrosse
Girls 2023

Kindergarten 1-2

3-4 5-6
(circle one)

NAME:_____/_____
Last First

ADDRESS:_____/_____
Zip

PHONE:_____ SEX: M / F Current Grade:_____ D.O.B:_____

**********Mandatory INFO **********

Parent E-Mail Address:_____

HEALTH INFORMATION

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Please specify

Do your child have any allergies? No Yes_____
Please specify

Do you child have any disabilities/medical issues/injuries

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