

**Tri-City TITANS Lacrosse Club
2018-2019 PLAYER REGISTRATION**

3rd/4th ____ **5th/6th** ____ **7th/8th** ____

PLAYER

Name: _____ M/F ____

Address: _____ City: _____ Zip: _____

Age: ____ Date of Birth: ____/____/____ School: _____ Grade: ____

Phone: _____ Email: _____

US Lacrosse Membership #: _____ Expiration date: _____
(www.uslacrosse.org)

Previous Experience: _____

PARENTS

Father: _____ Mother: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-Mail: _____ E-Mail: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PHYSICIAN

Name _____ Phone: _____

Address: _____ City _____ Zip _____

Hospital Preference: _____

Any known medical problems (asthma, allergies, etc.) : _____

MEDICAL AUTHORIZATION

I/We hereby give permission for any and all medical attention necessary to be administered to my child, (full name) _____ in the event of an accident, injury, sickness or until such time that I/We can be contacted.

I/We the parent/guardian undersigned hereby certify that I/we are parent or legal guardian of the participant and hereby give permission to Milwaukee Area Youth Lacrosse Association (MAYLA) and Tri-City Lacrosse Club (TCLAX) coaches or representatives to seek appropriate medical attention, as they deem necessary to insure the well being of my child. I/We also assume the responsibility for the payment of any such medical treatment, including but not limited to transportation required for treatment.

Signature of Parent/Guardian: _____ Date: _____

WAIVER AND RELEASE

I (we), the undersigned parent(s) or guardian(s) of the player, hereby apply to the Milwaukee Area Youth Lacrosse Association (MAYLA) and Tri-City Lacrosse Club (TCLAX) permission for our child to participate in the 2019 Spring Lacrosse Program. As a condition of our child playing, we agree that our child's participation will be subject to the following representations and rules:

1. Our child has had a recent physical, and we represent that he is mentally and physically fit to play Lacrosse.
2. We assume responsibility for our child's transportation to and from practice and games.
3. We acknowledge that Lacrosse is a potentially dangerous sport, and assume all risks and hazards incidental in playing the sport. We hereby release, indemnify and hold harmless MAYLA and TCLAX, its organizers, officers, coaches and staff from any claim and liability arising out of participation during play or observation of Lacrosse.
4. We acknowledge that this form has been signed by both or applicable parents and/or guardians. If signed by one parent or guardian, we signify that they alone have legal custody and responsibility for the player.

Signature of Parent/Guardian: _____ Date: _____

VOLUNTEERS

___ Asst. Coach ___ Fundraising ___ Uniforms ___ Spirit Apparel

Registration Fee: \$225 - covers team equipment, gym rentals, field, and referee's expenses. Includes Uniforms (jersey) **Make check payable to: TCLAX**

Return form to:

Tri-City Lacrosse Club 623 Michigan Ave. South Milwaukee, WI 53172

(registrations will be closed when teams are filled —25/team, unless another team of 18 can be fielded)