



WILMINGTON YOUTH LACROSSE ASSOCIATION

2010 Spring Season Registration Form

BOYS PROGRAM GIRLS PROGRAM NEW PLAYER RETURNING PLAYER

PLAYER INFORMATION

Last Name _____ First Name _____
Street Address _____ City _____
Grade _____ DOB _____ Height _____ Weight _____
Medical Conditions (if any) _____

PARENT / GUARDIAN INFORMATION

Last Name _____ First Name _____
Tel # (Home) _____ Tel # (Work) _____ Tel # (Cell) _____
Email Address _____
Emergency Contact _____ Relation to Parent _____ Tel # _____

WAIVER & RELEASE OF LIABILITY -- SIGNATURE IS REQUIRED TO PARTICPATE

In consideration of being allowed to participate in any way in the **Wilmington Youth Lacrosse Association's** program (hereafter known as the "**Releasees**"), all related events and activities, the undersigned acknowledges, understands, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for catastrophic injury, permanent paralysis and death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities and while particular rules, equipment and discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume ALL such risks, both known and unknown, even if arising from negligence of the "Releasees" or others, and assume full responsibility for my minor child's participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazards during my presence of my minor child's participation, I will remove my minor child from participating and bring such to the attention of the nearest official immediately; and,
4. I as parent/guardian with legal responsibility for this participant, do consent and agree to RELEASE and HOLD HARMLES the Wilmington Youth Lacrosse Association, their officers, officials, agents and/or employees, other participants and the lessors of premises used to conduct the event ("Releasees"), with respect TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE; and,
5. For myself, my heirs, assigns, and next of kin, I release and agree to indemnify the "Releasees" from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE; and,
6. **Medical Attention:** I hereby give my consent to Wilmington Youth Lacrosse Association to provide, through a medical staff of it's choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my/our child's participation in **Wilmington Youth Lacrosse Association's** sponsored or sanctioned events: and,
7. **Readiness to Compete:** I will only allow my/our child to participate in those competitions or activities in which I believe he/she is physically and psychologically prepared to participate. I/we understand that if my/our child is not physically and psychologically prepared to participate in practices, my/our child player is not cleared to play in games until note received by physician and approved by WYLA BOD.
8. **Refund Policy:** I/We agree that should my/our child decide to quit the program at any time that refunds will be in accordance with WYLA policy.

Parent/Guardian Signature _____ Date _____

Medical Insurance Provider _____ Policy Number _____

FEE SCHEDULE: Single Player \$125 ea. Add't Family: \$100 ea ---- U9 Level: \$55 ea. Add't Family U9Player: \$50 ea

I WOULD LIKE TO CONTRIBUTE AN ADDITIONAL \$_____ TO HELP SUPPORT WILMINGTON YOUTH LACROSSE ASSOCIATION.

No WYLA registration forms will be received without full payment and a signed US Lacrosse registration form.
Make all checks payable to Wilmington Youth Lacrosse Association.
Registrations received after November 22, 2009 may be placed on WYLA Wait List depending on team counts.
WYLA Reserves the right to cap the numbers of players on each team.

WYLA reserves the right to combine teams and/or waiver players in accordance with MBYLL and MBGLL League Rules.

WYLA USE: Birth Cert: Fee Paid: _____ Check #: _____ Rec'd By: _____ Date: _____