

2011-2012 BOWIE HIGH SCHOOL BOYS LACROSSE CLUB REGISTRATION / MEDICAL RELEASE FORM

Player _____ Age _____ DOB _____ Grade _____ ID _____
First & Last

Address _____ Zip _____ US Lacrosse ID _____

Mom's Name _____ Dad's Name _____
First & Last First & Last

E-Mail Contact: _____ Phone Contact: _____
Player _____ Player _____

Area Code & Number _____

Mom _____ Mom _____
Area Code & Number _____

Dad _____ Dad _____
Area Code & Number _____

Player is in the Bowie attendance zone _____ If "no", then what is player attendance zone: _____
Yes No

Health Insurance Carrier _____ Policy # _____ Phone _____

Preferred Hospital _____ Doctor Name _____ Phone _____

Daily Medications _____ Allergies _____ Last Tetanus Shot _____

Medical Conditions _____

PLAYER/PARENT OF WAIVER & RELEASE LIABILITY

Medical Attention: If the above named player needs immediate care and treatment as a result of any injury or sickness, I hereby request and give my consent to Bowie High School Lacrosse Program and the host organization of any sponsored event to provide such care and treatment through a medical staff, customary medical/athletic training attention, transportation and emergency medical services as warranted through the course of any participation in sponsored lacrosse activities. Participant agrees to assume all risks and responsibility for any and all claims for damages, including personal injury or death, or medical expenses or deductibles.

Date _____ Player Signature _____ Parent Signature _____

Waiver & Release of Liability: As Parent/Guardian I give my permission for above mentioned student to participate in the Bowie High School Lacrosse Program. I am fully aware of and appreciate the risks associated with participating in a lacrosse event, including the risk of catastrophic injury, paralysis, and even death, as well as other types of damages and loss. I further agree that neither the lacrosse team coaches, the lacrosse player/parent organization (Boosters), volunteers, nor Bowie High School shall be liable for any injury, loss of life, or other loss or damage occurring as a result of participation. Participant agrees to assume all risks and responsibility for any and all claims for damages, including personal injury or death, or medical expenses or deductibles. My signature below is my acknowledgement that I/We have read and understood every provision of this Waiver and Release of Liability and that I/We agree to abide by it.

Date _____ Player Signature _____ Parent Signature _____

Dues: 2011-2012 fees are \$1000 (all) + \$200 (new uniforms). Fee Schedule-Fall fees of \$250 are due by Sept., 17, 2011 and uniforms must be paid for by Oct. 25, 2011. Fair Share fees of \$500 are due by Dec. 1, 2011 and Spring Fees of \$250 are due by Jan. 31, 2012. All fees are non-refundable. Make checks payable to *Bowie Boys Lacrosse*. Members agree to sign up for "job duty" as part of membership. We understand that dues may not cover all of the expenses for the team and as a player / parent, I pledge to participate in fundraising activities should they become necessary. Players/Parents will be responsible for the replacement cost of any team equipment that has been assigned to them and not returned in original condition. Players are responsible for keeping all personal equipment and apparel in legal/good/clean condition. Players may be required to replace part or all of their uniforms or personal equipment, at their own expense, if the coach deems necessary.

Date _____ Player Signature _____ Parent Signature _____