

2010 Mukilteo Lacrosse Registration Form

Player's Name _____

Returning _____ New _____ US Lacrosse # _____ Exp Date _____
(Must have USLax #. Register at www.USLacrosse.org) (Must be current through May 31, 2010)

Address _____

City & Zip Code _____ Home Phone _____

Mother's Name _____ Wk _____ Cell _____
(Please include Area Code)

Father's Name _____ Wk _____ Cell _____
(Please include Area Code)

Lives with Mom Dad Both Contact e-mail _____
(Circle One) (Main source of communication)

Alternate e-mail _____ / _____
(Please list only those e-mail addresses which you wish to receive Club information and scheduling updates.)

Birthday _____ Grade _____ School Attending _____

Emergency Contact & Phone Number _____
(A Neighbor or Relative if you are unreachable)

Physician or Clinic _____ Phone _____

Insurance Company _____ Policy # _____

Allergies _____

Parents Please Read and Sign

As a parent of legal guardian, I am aware that practicing or playing lacrosse can be a dangerous activity involving RISK OF INJURY. Because of these dangers I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules. I give my permission for my child to practice and play lacrosse.

In the event of possible injury, I authorize the coaching staff to render any necessary emergency aid for injury. I also authorize the above persons to arrange for professional emergency care such as Aid Car, EMS, emergency room transportation, including consultation and treatment by a specialist. Every effort will be made to contact the parents or guardian regarding the nature of the problem and the treatment beforehand.

Signature _____
Parent or Guardian _____ Date _____

Refund Policy of Registration Fees

The policy of the MUKILTEO LACROSSE CLUB is to issue no refunds after the conclusion of the first week of practice. Prior to the first day of practice a player may receive a full refund of their paid registration fee less an administrative handling fee for credit card payments and a 50% refund during the first week of practice. For specific refund policy for your event please, refer to our website.

PROGRAMS:

3rd & 4th Grade: \$200.00
5th & 6th Grade: \$225.00
7th & 8th Grade: \$300.00
High School Boys: \$375.00
High School Girls: \$325.00

Official Use Only:

Players Dues: _____
Sibling Discount \$60.00: _ - _____
Sub Total: _____
Scholarship fund Donation: _____
Amount Owed: _____
Paid: _____
Cash: _____ Check# _____

Registration is in person until January 12, 2010. After that date, mail Registration Forms along with **Parent Volunteer Form** and checks made payable to **Mukilteo Lacrosse** to P.O. Box 383, Mukilteo, WA 98275. Financial Aid is available for those in need.