

**2010 Shooting Irish Lacrosse Registration
ONE FORM PER FAMILY**

Today's Date: _____ Email: _____

1) **Player's Name:** _____ **Nickname:** _____

School: _____ **Grade:** _____ **Age as of 9/1/09:** _____

T-Shirt Size (Circle one): *Youth* – SM MED LG XL *Adult* – SM MED LG XL Other _____

Birth Certificate Received: YES NO **Birthdate:** _____ **US Lacrosse Membership #** _____

of Years playing Lacrosse: _____

Preferred Playing Position: _____

Attack, Midfield, Defense, Goalie...List in Order

2) **Player's Name:** _____ **Nickname:** _____

School: _____ **Grade:** _____ **Age as of 9/1/09:** _____

T-Shirt Size (Circle one): *Youth* – SM MED LG XL *Adult* – SM MED LG XL Other _____

Birth Certificate Received: YES NO **Birthdate:** _____ **US Lacrosse Membership #** _____

of Years playing Lacrosse: _____

Preferred Playing Position: _____

Attack, Midfield, Defense, Goalie...List in Order

3) **Player's Name:** _____ **Nickname:** _____

School: _____ **Grade:** _____ **Age as of 9/1/09:** _____

T-Shirt Size (Circle one): *Youth* – SM MED LG XL *Adult* – SM MED LG XL Other _____

Birth Certificate Received: YES NO **Birthdate:** _____ **US Lacrosse Membership #** _____

of Years playing Lacrosse: _____

Preferred Playing Position: _____

Attack, Midfield, Defense, Goalie...List in Order

Family address: _____

Township: _____ **School District:** _____

Parents' Names: _____

Phone Numbers: _____

Home: _____ **Cell:** Dad _____ Mom _____

Work: Dad _____ Mom _____

Make checks payable to Shooting Irish Lacrosse Club

BOYS FEE STRUCTURE - *\$25 non-refundable US Lacrosse fee is included in registration.

Level	One Payment	Two Payments (1 st payment includes mandatory US Lacrosse member fee)
U-9	\$90	\$50 / \$40
U-11	\$150	\$100 / \$50
U-13	\$175	\$100 / \$75
U-15	\$175	\$100 / \$75 (U-15 level includes any 7 th or 8 th grade player)

GIRLS FEE STRUCTURE - *\$25 non-refundable US Lacrosse fee is included in registration.

Level	One Payment	Two Payments
2 nd -4 th grades	\$35	n/a
5 th -8 th grades	\$90	\$50 / \$40 (1 st payment includes mandatory US Lacrosse member fee)

♣ You may pay in two payments, with the first payment due at registration in December and the remainder due on/before February 7th.

Registration Check #1 _____ Registration Balance Due 2/7/10 – Check #2 _____

2010 Shooting Irish Lacrosse Registration
ONE FORM PER ATHLETE

Medical Information

Player's Name: _____ Today's Date: _____
Date of Birth: _____ Age: _____ Height: _____ Weight: _____

List medical problems: _____

List any allergies to medicines: _____

List any illnesses or surgeries in the last year: _____

In an emergency, contact:

Name: _____ Emergency Phone: _____

Mother's Cell: _____ Father's Cell: _____

Physician: _____ Physician's Phone: _____

Hospital Preference: _____

In the event of an emergency, I authorize medical treatment for my child and release York County Lacrosse Association and Shooting Irish Lacrosse Club from responsibility for any injuries in the course of practices, scrimmages or games.

Parent Signature: _____

Proof of Insurance

Insured Parent's Employer: _____

Work Phone Number: _____

Insurance Carrier: _____

Policy Number: _____ Effective Date: _____

Insurance Requirements: *The player named above (the "Player") understands and agrees that primary medical insurance coverage is required to be provided by the Players for the period ("Period") from the execution of Proof of Insurance until December 31, 2009 in conjunction with the Player's participation in any field lacrosse playing activity (including, without limitation, practices, scrimmages, and league regular-season, playoff, tournament and all-star games).*

Change in Insurance Status: *In the event that the Player's primary medical insurance coverage terminates during this period, the Player agrees to immediately withdraw from the participation in all playing activities and notify his/her club of the change in the insurance issues.*

Failure to provide Insurance: *No member club may permit any Player to participate in any lacrosse playing activity (including, without limitation, practices, scrimmages, and league regular-season, playoff, tournament and all-star games) until and unless the League/Association/Team has received Proof of Insurance in accordance with its rules and regulation.*

I acknowledge and agree to these terms and conditions.

Player's Name: _____

Player's Signature: _____

Parent's Signature: _____

Insurance Company Authorization: *I authorize the above insurance company to provide the League/Association/Team with all information necessary to verify my medical insurance coverage.*

Name of Insured: _____ Date: _____

Parent's Signature: _____