

OFFICE USE ONLY

9-12 boys: _____
7-8 boys: _____
4-6 boys: _____
9-12 girls: _____

GREATER CLEVELAND LACROSSE
INDOOR LEAGUE
Registration Form

OFFICE USE ONLY

Check #: _____
Date: _____
Total: \$ _____

PLAYER INFORMATION (PRINT NEATLY)

Name: _____ School / Team: _____

Address: _____ City: _____

Zip: _____ Phone: _____

Email (mandatory for communication purposes): _____

Birthdate: ____/____/____ Age as of 11/09: _____ Years of experience: _____

Grade in 2009: 4 5 6 7 8 9 10 11 12

Position: Attack Midfield Defense Goalie (may be asked to play on more than 1 team)

Division of play: HS Boys (grades 9-12) MS Boys (grades 7-8) Youth Boys (grades 4-6)

HS Girls (grades 9-12)

EMERGENCY CONTACT, GRANT OF CONSENT, & WAIVER & RELEASE

Emergency contact Information: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the supervision from the GCLIL staff, when parents cannot be contacted.

Parents' names: _____ Phone: _____

Other's name: _____ Phone: _____

Grant of Consent: "In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the transfer of the injured party to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the injured party's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted. I hereby give consent for the following medical care providers and local hospital to be called."

Waiver & Release of Liability/Parent Consent: "I understand that lacrosse is a physical contact sport and hereby give my permission for my child to participate in the Greater Cleveland Lacrosse Indoor League under the guidance of Greater Cleveland Lacrosse LLC. I release, waive, discharge, and covenant not to sue the NC Soccer Club, Greater Cleveland Lacrosse LLC, its coaches, or any other directors of Greater Cleveland Lacrosse LLC for injuries or illness that might occur during play. I verify that to the best of my knowledge the above named applicant is physically able to participate in all lacrosse activities. As a participant in a contact sport, the above player accepts the responsibility to play in a sportsmanlike manner and for the normal, inherent risk of athletic injury."

Important note: Greater Cleveland Lacrosse LLC highly recommends players be cleared by a medical physician (athletic participation physical) before taking part in any organized sport.

Signature of parent/guardian: _____ Date: _____

Send completed registration form & **\$175.00** (\$185.00 after 11/1/09) check payable to: **Greater Cleveland Lacrosse**
P.O. Box 790
Hudson, Ohio 44236