



**Bellingham Youth Lacrosse  
Registration and Release Form  
2009 Spring Session**

Team:	<input type="checkbox"/> Boys	<input type="checkbox"/> Grade 1-4	<input type="checkbox"/> Grades 5 & 6
	<input type="checkbox"/> Girls	<input type="checkbox"/> Grade 1-5	

Player name: \_\_\_\_\_  
 Grade \_\_\_\_\_ School: \_\_\_\_\_  
 Parent name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
 Other emergency contact: \_\_\_\_\_  
 Current US Lacrosse membership number \_\_\_\_\_ (required)  
 See [www.uslacrosse.org](http://www.uslacrosse.org) for membership

Doctor's Name: \_\_\_\_\_  
 Doctor's Phone: \_\_\_\_\_  
 Please list any medical issues your child has that might arise during lacrosse:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

---

I, the parent/legal guardian of the above named athlete hereby give my approval for him/her to participate in any and all lacrosse activities throughout the season. I understand that there are risks to playing lacrosse and I assume all risks and hazards incidental to such participation including transportation to and from all activities; and I waive, release, absolve, indemnify and agree to hold harmless Bellingham Youth Lacrosse, the organizers, supervisors, participants, and any person transporting my child to or from activities, for any claim arising out of injury to my child, whether the result of negligence or for any other cause. I certify that my child has health insurance and will be covered the whole season. I understand that the policy provided by US Lacrosse is secondary to my child's primary health insurance.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Legal Guardian

Print: \_\_\_\_\_

**Registration Fee: \$65.00 (boys) | \$65.00 (girls)**  
**(\$10 off registration fee if received before Feb 10<sup>th</sup> 2009)**

Fee to be sent at time of registration. Make checks payable to: *Bellingham Youth Lacrosse*.

**Mail completed forms to:** 2223 Williams St. Bellingham, WA 98225.