



Bellingham Youth Lacrosse Registration and Release Form 2010 Winter Indoor Session

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 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: \$40.00

**Fee to be paid at the time of registration. Make checks payable to:
Bellingham Youth Lacrosse. Bring registration and payment to first indoor
session at the Sportsplex on Tues., Jan. 5, 2010.**