

2010 BELLINGHAM YOUTH LACROSSE (BYL) REGISTRATION & PLAYER INFORMATION

Returning Player: Yes / No **2009 Team:**

Last Name	First Name	Birth Date	US Lacrosse #
Street Address		Best Email(s)	
City, State, Zip		Current School	Grade
Father or Guardian / cell phone number		Day Phone	Evening Phone
Mother or Guardian / cell phone number		Day Phone	Evening Phone
Other Emergency Contact & Relationship		Day Phone	Evening Phone

Required Parent Participation – Willingness not ability is all that is needed
 I/We agree to volunteer our time to BYL throughout the 2010 season _____

Medical Insurance Company	Policy #
Family Physician	Phone #

MEDICAL HISTORY

<input type="checkbox"/> Allergies (specify)	<input type="checkbox"/> Glasses/contacts	<input type="checkbox"/> Seizures or fits	<input type="checkbox"/> Fractures within past year
<input type="checkbox"/> Asthma	<input type="checkbox"/> Head injuries within past year	<input type="checkbox"/> Serious Illness	<input type="checkbox"/> Other
<input type="checkbox"/> Bleeding tendencies	<input type="checkbox"/> History of heart murmur	<input type="checkbox"/> Sickle cell tendency	<input type="checkbox"/> Repeated bone or joint injuries
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney diseases or infections	<input type="checkbox"/> Surgery within past year	<input type="checkbox"/> Dental braces/bridges
Date of last tetanus shot _____		Current Medications _____	

PARENT OR GUARDIAN AUTHORIZATION TO PARTICIPATE

I/We the parent(s) or guardian(s) of the above named applicant to Bellingham Youth Lacrosse (BYL) hereby give my/our approval to said applicant's participation in any and all BYL activities during the current season. I/we assume all risks and hazards incident to such participation, including transportation to and from the activities, and I/we do hereby waive, release, absolve, indemnify and hold harmless the BYL, its volunteers, sponsors, supervisors, participants and any person transporting the applicant, except to the amount covered by accident or liability insurance. I/We agree to be financially responsible for BYL equipment issued to the applicant other than normal wear and tear or breakage that may occur during practice and games. I/We will reimburse BYL for the loss and or damage of said equipment. I/We have read and accept BYL's refund policy. I/We certify that to the best of my/our knowledge, all of the above information is accurate and correct and that any false information may be cause to disqualify the applicant. I/We have read the Code of Conduct with our player. I/We also agree to abide by the Code of Conduct as written in the club's by-laws.

Father / Mother / Guardian Signature X	Second Guardian signature (Optional) X
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INSURANCE DISCLOSURE

The medical expense benefit of the BYL insurance coverage is an excess-type benefit that picks up where other coverage that you may have leaves off. If you have any other individual, blanket or group insurance coverage which provides benefits or services for, or by reason of, medical or dental care or treatment, then this plan will pay (to policy limits) only the medical expenses not provided or reimbursable under your other coverage.

EMERGENCY MEDICAL RELEASE

I/We the parent(s) or guardian(s) of the above applicant give my/our permission for any emergency treatment necessary either on the practice field on or the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any authorized BYL function, including transportation to and from said function. Release expires 12/31/10

Father / Mother / Guardian Signature X	Second Guardian signature (Optional) X
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PHOTOGRAPH RELEASE: At times photos are taken at games and we will use them for our slide show on the website. Please initial here if you do NOT want us to use your son's/daughter's photo _____

FOR CLUB USE ONLY

For Club Use Only	Date/Time _____ / _____ am/pm	Initials _____
<input type="checkbox"/> Player Information Form and Medical Release <input type="checkbox"/> Player Contract <input type="checkbox"/> Concussion Information Sheet		
Dues:		
<input type="checkbox"/> \$130 for 7/8 Boys (Start date: Feb. 1 M/W/F 3:45-5:00)	Amount: \$ _____ Check: _____	
<input type="checkbox"/> \$125 for 5/6 Boys (Start date: Feb. 18 T/Th 4:30-5:30)		
<input type="checkbox"/> \$65 for 1-4 Boys (Start date: Mar. 16 T 4-5 S/TBA)		
<input type="checkbox"/> \$75 for 1-5 Girls (Start date: Mar. 11T/TH 6-7)		

Mail to: Bellingham Youth Lacrosse • 2223 Williams St, Bellingham, WA 98225

