

**High School Team Registration  
Spring 2006 Season**

**School and Team Name**

**Contact Information**

Player Name

\_\_\_\_\_ *Date of Birth* \_\_\_\_\_  
 Last First Mid. Intl. Mo/Day/Yr

Grade in 2006 Season

\_\_\_\_\_ *Yrs. Lacrosse Experience* \_\_\_\_\_

Player E-Mail Address

\_\_\_\_\_ *Shirt/Skirt Size* \_\_\_\_\_  
 Shirt (s/m/l) Skirt (s/m/l)

Home Address

\_\_\_\_\_ Street City Zip

Home/Cell Phone No.(s)

\_\_\_\_\_ Home Participant Cell

Parent/Guardian Name(s)

\_\_\_\_\_ Parent/Guardian Parent/Guardian

Parent/Guardian Phone No.(s)

\_\_\_\_\_ Parent/Guardian No. Parent/Guardian No.

Parent/Guardian E-Mail Address(s)

\_\_\_\_\_ Parent/Guardian E-Mail Parent/Guardian E-Mail

**Emergency Information**

Emergency Contact Name

\_\_\_\_\_

Emergency Contact Phone No.(s)

\_\_\_\_\_ First Contact No. Second Contact No. (if appropriate)

Primary Physician

\_\_\_\_\_ Physician Name Physician Phone No.

Hospital Preference &amp; Location

\_\_\_\_\_ Hospital Name Cross-streets/City

HMO/Primary Insurance Provider

\_\_\_\_\_ HMO/Provider Name HMO/Provider Phone No.

ID/Group No.

\_\_\_\_\_

Allergies/Conditions/Special Instructions

**Assumption of Risk - Parent/Guardian**

I allow my child to participate in the 2006 high school lacrosse program as a member of the AGLA. I certify that my child's physical condition is satisfactory to participate in physically demanding activities. I understand that while reasonable caution will be exercised at all times, a chance for serious injury exists. By signing below, I acknowledge the risks inherent to participation and release my child's school and the AGLA of any liability, claims or demands I may have resulting from my child's involvement in this program. In the event that the emergency contact options listed above are exhausted, I authorize my child's school and coach to act in the best interest of my child, and I agree to accept financial responsibility for any medical services rendered.

**Player Signature**

\_\_\_\_\_ Participant Name Date

**Parent/Guardian Signature**

\_\_\_\_\_ Parent/Guardian Name Date