

# Avon Lacrosse Club Inc.

## 2010 REGISTRATION FORM

Player Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ M or F

Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Email \_\_\_\_\_ Current Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please describe any physical limitations, allergies or medical concerns for your child

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Parent/Guardian: Signature \_\_\_\_\_ Date \_\_\_\_\_

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Player Name: \_\_\_\_\_

Medical Insurance \_\_\_\_\_ ID# \_\_\_\_\_

Shirt/Jersey Size \_\_\_ Youth Small \_\_\_ Youth Medium \_\_\_ Youth Large \_\_\_ Adult Small  
\_\_\_ Adult Medium \_\_\_ Adult Large \_\_\_ Adult X-Large

Would you be willing to volunteer: Yes \_\_\_ No \_\_\_ Name: \_\_\_\_\_  
Phone # \_\_\_\_\_  
E;mail: \_\_\_\_\_

I/We the parents or guardians of the participant in the Avon Lacrosse Program, give permission for my son/daughter to participate in any and all activities. I/We know that participating in said activities may result injuries and protective equipment as well as other precautions does not stop all injuries to participants. I/we do hereby waive, release, absolve, indemnify and agree NOT to hold the Avon Lacrosse Club Inc. Program or its volunteers to any or all claims.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian: If you DO NOT want pictures of your child printed on any lacrosse information or put on our web site [www.avonlax.com](http://www.avonlax.com) please place an X on the line \_\_\_\_\_

Coordinator: Peter Vonglis -585-438-4159 (office)  
[www.avonlax.com](http://www.avonlax.com)

To be turned in:

\_\_\_\_\_ Health form  
\_\_\_\_\_ US Lacrosse Membership Confirmation  
US # \_\_\_\_\_

Proof of membership is due at the first practice  
Or player will be ineligible

### Payment Information:

Cash \_\_\_\_\_ Check# \_\_\_\_\_ Amount \_\_\_\_\_ Total Paid \_\_\_\_\_