



Central York Lacrosse Club Spring 2010 Registration



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| Player's Name: | |
| Mother's Name: | Birth Date: |
| Father's Name: | Age as of 09/01/09: |
| Address: | School Grade: |
| Township (circle one): Manchester Springettsbury | Zip Code: |
| Email Addresses: | Phone Numbers: |
| Player: _____ | Home: _____ |
| Mother: _____ | Mother's Cell: _____ |
| Father: _____ | Father's Cell: _____ |
| Additional Contacts: | |
| Name: | Phone: |
| Name: | Phone: |
| If you played for CYLC in 2009, what team did you play on (circle one)? | Preferred Position: |
| Co-Ed U9 Co-Ed U11 Boys U13 Boys U15 Girls MS | Years Experience Playing Lacrosse: |
| CYLC Jersey # (returning player): | Height: Weight: |

Insurance Information

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| Primary Insurance Carrier: | Policy Number: |
| Policyholder's Name: | Effective Date: |
| Policyholder's Employer: | Policyholder's Date of Birth: |
| Insurance Company Authorization: I authorize the above insurance company to provide the League/Association/Team with all information necessary to verify my medical insurance coverage. | |
| Policyholder's Signature: | Date: |
| Print Name: | |
| Secondary Insurance Carrier (if applicable): | Policy Number: |
| Policyholder's Name: | Effective Date: |
| Policyholder's Employer: | Policyholder's Date of Birth: |
| Insurance Company Authorization: I authorize the above insurance company to provide the League/Association/Team with all information necessary to verify my medical insurance coverage. | |
| Policyholder's Signature: | Date: |
| Print Name: | |
| <p>Insurance Requirements: The player named above understands and agrees that primary medical insurance coverage is required to be provided by the player for the period from the execution of Proof of insurance until December 31, 2010 in conjunction with the player's participation in any field or indoor lacrosse playing activities (including, without limitation to, practices, scrimmages, and league regular-season, playoff, tournament and all-star games).</p> <p>Change in Insurance Status: In the event that the Player's primary medical insurance coverage terminates during this period, the player agrees to immediately withdraw from participation in all playing activities and notify his/her club of change in insurance issues.</p> <p>Failure to Provide Insurance: No member club may permit any Player to participate in any lacrosse playing activity activities (including, without limitation to, practices, scrimmages, and league regular-season, playoff, tournament and all-star games) until and unless the League/Association/Team has received proof of insurance in accordance with its rules and regulations.</p> | |
| I acknowledge and agree to these conditions. | |
| Player's Signature: | Date: |
| Print Name: | |
| Parent's Signature: | Date: |
| Print Name: | |

Medical Information

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| Family Doctor's Name: | Family Doctor's Phone Number: |
| Family Dentist's Name: | Family Dentist's Phone Number: |
| Preferred Hospital: | |
| List any injuries or illnesses in the last year: | |
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| List any allergies: | |
| | |
| List any medications you take and dosage: | |
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| List any special needs: | |
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| In the event of an emergency, I authorize medical treatment for my son/daughter and release the Central York Lacrosse Club from responsibility for any injuries in the course of practice or games. | |
| Parent's Signature: | Date: |
| Print Name: | |

Amateur Athletic Waiver and Release of Liability

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| PLEASE READ BEFORE SIGNING. | |
| In consideration of being allowed to participate in any way in the Central York Lacrosse Club athletic sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that: | |
| <ol style="list-style-type: none"> 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce risk, the risk of serious injury does exist, and, 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, the Central York Lacrosse Club, their officers, officials, coaches, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event {"RELEASEES"}, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. | |
| I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. | |
| Player's Signature: | Date: |
| Print Name: | |
| This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence. | |
| Parent's Signature: | Date: |
| Print Name: | |