

# Oak Ridge Youth Association

## Spring 2012 Lacrosse Registration

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*Email Address(es) \_\_\_\_\_

\*IMPORTANT: Correspondence by coaches/league via email throughout the season - please be sure to include.

Emergency Contact Name and Phone # (other than parent) \_\_\_\_\_

**\*\*REQUIRED\*\*** U.S. Lacrosse Membership #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Sign up or renew at [www.uslacrosse.org](http://www.uslacrosse.org). All participants must be a current member of US Lacrosse. You must renew if expiring during season.

\_\_\_\_ U15 (Born on or after 9/1/1996) formerly middle school

\_\_\_\_ U13 (Born on or after 9/1/1998) formerly elementary

\_\_\_\_ U11 (Born on or after 9/1/2000) formerly Bantam

\_\_\_\_ U9 (Born on or after 9/1/2002)

Medical Insurance is required for this program:

Insurance Company Name and Policy #: \_\_\_\_\_

### **RELEASE OF LIABILITY**

In consideration of \_\_\_\_\_, my minor child/ward (my child), being allowed to participate in any way in the Oak Ridge Youth Assoc. Lacrosse program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist, and,

2. For myself, spouse and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the rereleases or others, and assume full responsibility for my child's participation; and

3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention to the nearest official immediately; and

4. I myself, my spouse, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release the other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement or participation in these programs whether arising from the negligence of the Releases or otherwise, to the fullest extent permitted by law.

5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all of the above Releases from any and all liabilities incident to my involvement or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law.

**I have read this release of liability and assumption of risk agreement, fully understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

\*\*\*\*\***Please make check payable to ORYA**\*\*\*\*\*

Registration Payment - FOR ORYA USE ONLY

\$150.00 Less \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
No \_\_\_\_\_

Returning Player Yes \_\_\_\_\_

Registration Fee \* discount amt. due \* \$10.00 discount each additional child

Payment Method: Check # \_\_\_\_\_ Cash \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_