



Registration Form 2010

TRYLAX INFORMATION						
Players Last Name		First	Middle Initial	Position(s) of Interest Midfield Attack Defense Goal		
Birth Date (MM/DD/YY)	Age	Gender M F	Grade	Lacrosse Experience		
Mailing Address		City	State	ZIP Code	Home Phone Number ()	
Parent(s) Name(s)		Working ADULT Email Address		Cell Phone Number-optional		

U.S. LACROSSE INFORMATION			
U.S. Lacrosse Member	Membership#	Expiration Date	**U.S. Lacrosse Membership is required to participate in TRYLAX programs. Visit www.uslacrosse.org for more information on U.S. Lacrosse and membership options
YES NO			
**Not a Member			

EMERGENCY INFORMATION AND PARTICIPANT WAIVER		
Name of Parent/Guardian (please print clearly)	Relationship to player	Emergency Number(s)
		Cell phone(s)

SIGNATURE IS REQUIRED IN ORDER TO PARTICIPATE. In consideration of my participation in Tantasqua Regional Youth Lacrosse (**TRYLAX**), sponsored events and activities, I agree to the following:

Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities, I further agree on behalf of myself, my heirs, and personal representatives, that **Tantasqua Regional Youth Lacrosse** along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.

Medical Attention: I hereby give my consent to that **Tantasqua Regional Youth Lacrosse** to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in Tantasqua Regional Youth Lacrosse sponsored or sanctioned events.

Readiness to Compete: I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate.

SIGNATURE OF PARTICIPANT (PLAYER) DATE

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD: As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in any US Lacrosse recognized or sanctioned event, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

PARENT/GUARDIAN SIGNATURE OR PARTICIPANT (PLAYER) DATE
SIGNATURE IF 18 OR OVER

Jersey Size	Shorts Size	Registration Fee: cash _____ check# _____
		Uniform Fee: cash _____ check# _____

Patti Bamberger 10 Carriage Drive Brimfield, MA 01010 Payable to TRYLAX