



## JUNIOR MUSTANG LACROSSE REGISTRATION

### PLAYER INFORMATION

Name:		
Date of birth:	Age:	
Home Phone:	Cell Phone:	Email:
Address:		
City:	State:	ZIP Code:

### PLAYER EXPERIENCE

Years Played:	Position(s) Played:
US Lacrosse Membership No: <i>(required)</i>	

### PARENT INFORMATION

Mother:		Father:	
Phone:	Cell Phone:	Phone:	Cell Phone:
E-mail:		E-mail:	

### EMERGENCY CONTACT

Contact Name 1:	Phone:	Relationship:
Contact Name 2:	Phone:	Relationship:
Contact Name 3:	Phone:	Relationship:

### CONSENT FOR MEDICAL TREATMENT AND RELEASE OF LIABILITY

I hereby authorize my child, \_\_\_\_\_ to participate in the Junior Mustang Lacrosse Program offered by the Kennesaw Mountain High School Lacrosse Staff and Booster Club, and by the execution of this release, I acknowledge and agree that all requirements, directions and supervision and standards set by the directors of this program shall be established for my child's benefit.

I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his participation in this program and therefore release and hold harmless the Kennesaw Mountain High School Lacrosse Staff, the Kennesaw Mountain High School Lacrosse Booster Club, all other personnel associated with this program and Kennesaw Mountain High School from any and all liability that may result from my child's participation. In addition, I hereby give my permission for emergency medical treatment in the event I cannot be reached in a timely manner.

**Signature of Player:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Known Allergies:	Other Conditions:
Medical Insurance Carrier:	Policy No:
Group No:	Name of Policy Holder:

### UNIFORM

Shorts/Skirt: Adult S M L XL	Jersey: Adult S M L XL	T-shirt: Adult S M L XL
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*For Official Use Only*

Rental Equipment Deposit Rec'd    Ck No:	Jersey Number Issued:
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