

NORTH READING YOUTH LACROSSE LEAGUE
Coach/Help Application and Registration
2010 Season

Name: _____
Address: _____
Phone: _____ Email: _____

Coaching/Helping Interest							
Boys Level: U15	<input type="checkbox"/>	U13	<input type="checkbox"/>	U11	<input type="checkbox"/>	U9	<input type="checkbox"/>
Girls Level: U15	<input type="checkbox"/>	U13	<input type="checkbox"/>	U11	<input type="checkbox"/>		
Head Coach	<input type="checkbox"/>	Assistant Coach	<input type="checkbox"/>	Help as Needed	<input type="checkbox"/>		

Coaching Experience (not required): _____

RELEASE OF LIABILITY/ACKNOWLEDGEMENT OF RISK

Upon entering events sponsored by MBYLL and/or its member districts, I agree to abide by the rules of MBYLL as currently published. I understand and appreciate that participation or observation of the sport constitutes a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept, and assume this risk and release North Reading Youth Lacrosse League, its Affiliates, their sponsors, event organizers and officials from any liability.

Participant Signature: _____

Date: _____