

NORTH READING YOUTH LACROSSE LEAGUE
Coach/Help Application and Registration
2009 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: _____