

Checks Payable to:
NRYLL
P.O. Box 531
North Reading, MA 01864

www.nryll.org

NORTH READING LACROSSE REGISTRATION/RELEASE FORM

U-15 _____ U-13 _____ U-11 _____ U-9 _____
(Grades 7 & 8) (Grades 5 & 6) (Grades(3 & 4) (Grades 1 & 2)

Player name: _____ Male / Female (circle one)

Phone (Home): _____

Mother's name: _____ Phone (Cell): _____

Father's name: _____ Phone (Cell): _____

Address: _____

E-mail address1 (required): _____

E-mail address2 (optional): _____

Date of Birth: _____ Grade as of January 1, 2010: _____

Height _____ Weight _____

Doctor's Name: _____ Doctor's Phone: _____

Please list any medical issues your child has that might arise during lacrosse: _____

I, the parent/legal guardian of the above named athlete hereby give my approval for him/her to participate in any and all lacrosse activities throughout the season. I understand that there are risks to playing lacrosse and I assume all risks and hazards incidental to such participation including transportation to and from all activities; and I waive, release, absolve, indemnify and agree to hold harmless North Reading Lacrosse, the organizers, supervisors, participants, and any person transporting my child to or from activities, for any claim arising out of injury to my child, whether the result of negligence or for any other cause.

I certify that my child has health insurance and will be covered the whole season. I understand that the policy provided by US Lacrosse is secondary to my child's primary health insurance.

Signed by: _____ Date: _____
Parent/Legal Guardian

Print: _____