

SUMNER LACROSSE ASSOCIATION

2015 REGISTRATION FORM

Name: _____ birth date: ____/____/____

Height: _____ weight: _____ grade: _____ School: _____

*US Lacrosse membership number _____ # of seasons played: _____

*(For new players, a US Lacrosse Membership is included in the registration fee)

Preferred position (rank in order): Defense ____ Midfield ____ Attack ____ Goalie ____

Jersey size: ☐SM ☐MD ☐LG ☐XL ☐XXL

Shorts size: ☐SM ☐MD ☐LG ☐XL ☐XXL

Returning players – jersey number _____

New players - provide three number choices: _____

Parent (s) name: _____

Mother cell: _____ Father cell: _____

Player cell: _____ Home phone or other number _____

Indicate cell numbers with an * to receive team text messages

Player Address: _____

City: _____ Zip: _____

Parent Email: _____

Player Email: _____

Primary Medical Insurance Carrier: _____

Policy Number: _____ (please submit copy of card with physical form)

Medical/physical restrictions _____

Allergies _____

(Continue on back if needed)

Emergency Contact (other than parent): Name: _____

Relation to player: _____ Contact # _____

*Please provide recent copy of the players' sports physical exam.

I hereby apply for participation as a player in the **Sumner Lacrosse Association** with the understanding that:

1. I will furnish a current sports physical form and all playing equipment required to include helmet, shoulder pads, elbow pads, gloves, mouthpiece, athletic supporter, cleats and a stick.
2. **Sumner Lacrosse Association** shall be held harmless from any suit for personal injury, which I (the player) may sustain from participation in practice or games.

In connection with the applicant's participation in the **Sumner Lacrosse Association**, the undersigned certify that the applicant is in good health and able to participate in the program activities.

In further consideration of the **Sumner Lacrosse Association** accepting this application, the undersigned hereby agrees to save, indemnify and keep harmless the **Sumner Lacrosse Association**, its agents, coaches, sponsors, and the City of Hendersonville against any and all liability, claims, judgments or demands for damages arising as a result of injuries or death sustained by the applicant listed above during or as a result of participation by the applicant in the **Sumner Lacrosse Association**. The undersigned also authorizes the **Sumner Lacrosse Association** and its agent's permission to request medical treatment as necessary to insure the wellbeing of the applicant listed above. I affirm that I have read and fully understand the conditions set forth on this form and certify that the personal representations stated herein are accurate and complete to the best of my knowledge.

2015 Season Fees: TBD

Signature Parent/Guardian: _____

Signature of Player: _____

Date: _____

**Sumner Lacrosse Association
170-D East Main Street, Suite 234
Hendersonville, TN 37075**