BYRAM HILLS YOUTH LACROSSE

WINTER 2005/2006 CLINICS REGISTRATION

Player Name:________________________________ **Grade:**_______ Sex:____

Address:____

Phone:_________________________ **E-mail(parent)**_____________________

PLEASE INCLUDE E-MAIL. THIS WILL BE THE ONLY MEANS OF COMMUNICATION FROM COACHES AND TEAM PARENTS ABOUT SCHEDULES, CHANGES AND ANY OTHER INFORMATION ABOUT THE PROGRAM.

Emergency Contact:__________________________ **Phone:**_______________

Allergies/Restrictions:____

Waiver & Release of Liability: I am fully aware of and understand the risks associated with participation in a lacrosse event, including the risk of injury, paralysis, or death as well as other types of damage and loss. I agree on behalf of myself, my heirs and personal representatives to release Byram Hills Youth Lacrosse and sponsors of any lacrosse event, along with their coaches, volunteers, employees, agents, officers and directors from any liability whatsoever in connection with any injury loss of life or other loss or damages occurring as a result of participation in the program. By signing below I acknowledge that I have read and understood the provisions of this Waiver & Release of Liability, and agree to abide by it.

Players must provide own equipment and may not participate without the following:
Boys: Helmet, Shoulder Pads, Arm Pads, Gloves, Stick, Mouth guard
Girls: Stick, Mouth guard, Goggles

Parent/Guardian
Signature:___________________________
Print
Name __________________**Date**_______

Player
Signature:__________________________
Print
Name: __________________**Date**:______

In order for *BYRAM HILLS YOUTH LACROSSE* to be a success, we need volunteers. Please indicate below if you are willing to help with any of the following:

Coach________Team Parent_______Equipment Manager________Uniforms________
Rosters_______Merchandise Sales_________Fund Raising_______Web Site________
Field Directions_________Program mailings__________

INFORMATION HOTLINE:
914-273-0039(Jeff Fritz)

PLEASE RETURN YOUR COMPLETED FORMS AND REGISTRATION PAYMENT IN THE AMOUNT OF $ 75.00 PAYABLE TO:

BYRAM HILLS YOUTH LACROSSE **TO:**

Craig Samson
5 Faraway Road
Armonk, NY 10504