



Westside Lacrosse Association Participation Form
32166 Teasel Ct., Avon Lake OH 44012

- New
- Renew
- Correction

League: Grade 5/6; Grade 7/8

Play hockey? No Yes

Last Name: _____ Phone: () _____

First Name: _____ Date of Birth: _____

Address//Zip: _____ USLacrosse
 Membership Number: _____

E-Mail Address: _____

Parent(s): _____

List any medical problem
 or prohibition the player has: _____

Person to notify
 in an emergency: _____ Phone: _____

<p align="center">IMPORTANT</p> <p>I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Westside Lacrosse Association (WLA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with lacrosse and in consideration for the WLA accepting the registrant for its lacrosse programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the WLA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.</p> <p><i>Parent / Guardian Signature:</i> _____</p> <p><i>Name (Print):</i> _____ <i>Date:</i> _____</p>	<p align="center">Parental Support</p> <p>As we move forward in the the continued development of this new league will call for adult volunteer participation. Check areas in which you would consider willing to help:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Manager <input type="checkbox"/> Equipment Sponsor <input type="checkbox"/> Field Preparation / Set-up <input type="checkbox"/> Newsletter <input type="checkbox"/> Other: 								
<p align="center">Consent of Medical Treatment (Minor)</p> <p>As the parent or legal guardian for the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.</p> <p><i>Parent Signature:</i> _____</p> <p><i>Home Phone:</i> _____ <i>Business:</i> _____</p>	<p align="center">Player Fees</p> <p>Spring 2010 Fee</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">Returning Player</td> <td style="text-align: right;">\$140.00</td> </tr> <tr> <td style="padding-left: 20px;">New Player</td> <td style="text-align: right;">\$140.00</td> </tr> </table> <p><i>See Web Site for Equipment Orders</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 30%; padding: 2px;">Recorder</td> <td style="padding: 2px;"><input type="checkbox"/> Cash</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Check # _____</td> </tr> </table>	Returning Player	\$140.00	New Player	\$140.00	Recorder	<input type="checkbox"/> Cash		<input type="checkbox"/> Check # _____
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