



GYL Use Only
Payment:

Check # _____

Amount _____

2012 Registration

Player Name _____ Grade _____

Date of Birth _____ Boy Girl (circle one)

Address _____

Home Phone _____ Alternate Phone _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Email _____

Medical condition(s) of player _____

Emergency Contact _____ Phone _____

Can you PLEASE help?

Name _____

Phone _____

Clothing size (circle one):

Shirt Size: YM YL S M L XL

Short Size: YM YL S M L XL

I, _____, the parent/guardian of the above named applicant for Greenwich Youth Lacrosse, hereby give my approval to his/her participation in any and all activities. I assume all risks and hazards incidental to such participation. I hereby waive, release, absolve, indemnify and agree to hold harmless the host schools, the organizers, sponsors, and supervisors, for any claim arising out of an injury to the registrant, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. As the parent/legal guardian of the above named registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed health care professional (or provider). This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the registrant.

Date _____ Signature of Parent/Guardian _____

Some photos may be used for publicity. Please initial here if you do **NOT** wish your child's photo to be used. _____
