

ELKHORN KWIK STX LACROSSE REGISTRATION

Return Registration Form and your \$40 check to
Elkhorn KWIK STX Lacrosse - PO BOX 152 - Elkhorn WI 53121

	First Name	Last Name
Athlete's Name		
Parent/Guardian		

Athlete's Birthdate: _____ Athlete's Grade _____

T-Shirt Size _____ youth or adult

Address: _____

City: _____ Zip: _____ State: _____

School Attended: _____

Phone 1: _____ Who's number is this? _____

Phone 2: _____ Who's number is this? _____

Email Address: _____

Do we have permission to take photographs of your child for program promotional purposes? Yes _____ No _____

Emergency Contact : _____ Relation: _____

Emergency Contact Number: _____

We are always looking for coaching help. The club will provide the necessary training to be a successful and fun coach no matter what your lacrosse knowledge. Would you be interested in knowing a bit more about the process? Yes _____ No _____

Doctor's Name: _____ Location: _____

Insurance: _____ Policy Number: _____

Does your child have any medical conditions that we should be aware of:

(i.e. allergies, heart conditions, concussions, asthma, EPI pens, inhalers, etc..)

Medical Information: If there are any medical conditions, the participant or guardian should talk with their coach at or before the first session in addition to consulting a physician before participating.

The undersigned, on my behalf, or in my capacity as a parent/guardian of the individual named above, understand that participation in lacrosse events involves an element of risk of damage for all participants and may cause serious injury, concussion, death or property loss. I understand that such risk may inherent to the activity, or may rise out of a negligent act or omission by the club. I, on my own behalf, or in the capacity as parent/guardian of the individual named above, and on behalf of my heirs, executors, administrators or assigns do hereby agree to indemnify and hold harmless the club, coaches and the club board from and against any and all liability. I further understand that in signing this waiver of liability, I am waiving any and all rights, claims or causes for damage that I or my child may acquire against the club.

Signature: _____ Date: _____

CLUB USE ONLY:

Method of payment: Cash _____ Check # _____