

REGISTRATION FORM

Team:

Please indicate the NEMS team you are trying out for (check one):

2015 2016 2017 2018 2019 2020 2021

Player Name: _____
First
Last
Middle Initial

Address: _____
Number, Street

City
State
Zip Code

Parent Name: _____
First
Last
Middle Initial

Relationship (check one): Father Mother Guardian

Email Address: _____

Phone Number: (____) _____ - _____ Home Cell Other: _____

Phone Number: (____) _____ - _____ Home Cell Other: _____

School: _____

Player's Date of Birth: __/__/____ **US Lacrosse #:** _____

Position: (check one): Attack Midfield Defense Goal Keeper

Player Uniform Order

The NEMS uniform consists of a reversible jersey pinnie, shorts and one pair of socks. The uniform cost is included in the registration fee only for first time NEMS players - the uniform costs \$70 (jersey, shorts and one pair of socks) for all returning players. Players are required to purchase new uniforms every other year. The sizes for both the jersey and the shorts are womens small, medium, large, and XL. The socks (womens shoe sizes) are small (4-7), medium (7-9), large (10-11) and XL (12+). Socks are \$10 a pair.

Jersey: Small Medium Large Extra Large
Shorts: Small Medium Large Extra Large
Socks: Small Medium Large Extra Large

Players can order additional socks at \$10 a pair.
Qty: _____

Release of Liability

I, the parent/guardian of the applicant named below and with legal responsibility for her, do acknowledge and agree that: (1) the risk of injury from participating in lacrosse is significant and does exist; (2) I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my daughter's participation in various events; and (3) my daughter has been examined by a physician and is fit and able to play the game of lacrosse. I, as parent/guardian of the applicant, acknowledge the above three (3) statements and for myself, heirs, assigns and next of kin agree to indemnify and hold harmless NEMS Lacrosse, Inc. Board of Directors, coaches, administrative staff and other involved parties from any and all liabilities, claims, demands, and causes of action whatsoever resulting from my daughter's participation in the various events.

Parent Name: _____
 First **Last** **Middle Initial**

Insurance: _____
 Insurance Co. Name **Policy Number**

Physician: _____
 Physician Name **Physician Phone Number**



Signature: _____ **Subscribed and Sworn to Before:**
 Parent or Legal Guardian This _____ Day of _____, 2013

Medical Condition(s): _____
Known Allergies: _____

NEMS STAFF SECTION

Tryout Fee: (\$20 Pre-registered) (\$25 Walk on) **Tryout #**
 Check # _____ Cash

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Team Fee: Check # _____

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Team Fees: 2015 - \$1,015 | 2016 - \$1,035 | 2017 - \$900
 2018 - \$820 | 2019 - \$760 | 2020 - \$760 | 2021 - \$680

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Uniform Fee (\$70): Check # _____ Cash
Socks (\$10): Check # _____ Cash

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Comments: _____

