

REGISTRATION FORM

Team:

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

2016 2017 2018 2019 2020 2021 2022

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: __/__/____

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

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 _____, _____

Medical Condition(s): _____

Known Allergies: _____

NEMS STAFF SECTION

<p>Tryout Fee: <input type="checkbox"/> (\$25 Pre-registered) <input type="checkbox"/> (\$35 Walk on)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash</p> <p>.....</p> <p>Team Fee: <input type="checkbox"/> Check # _____</p> <p>.....</p> <p>Team Fees:</p> <p>.....</p> <p>Uniform Fee: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash</p> <p>Socks: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash</p> <p>.....</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Tryout # <input style="width: 80px; height: 25px;" type="text"/></p> <div style="border: 1px solid black; width: 100%; height: 200px; margin-top: 10px;"></div>
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