

2015/2016 REGISTRATION FORM

Team: Check the team trying out for (*graduation year*)
 2017 2018 2019 2020 2021 2022 2023

TRY-OUT # _____
Note: This will be filled out by NEMS Staff

Player Information

Name: _____
First Last M.I.

Address: _____
Number, Street City State (ex: MD) Zipcode

School: _____ **D.O.B.** ____/____/____

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

Email: _____ **Position:** Attack Mid Def Goal

Parent/Guardian Information

Name: _____
First Last M.I.

Address: _____
Number, Street City State (ex: MD) Zipcode

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

Email: _____ **Relationship:** Father Mother Other

Name: _____
First Last M.I.

Address: _____
Number, Street City State (ex: MD) Zipcode

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

Email: _____ **Relationship:** Father Mother Other

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.

Name: _____
Parent First Name Parent Last Name M.I.

Insurance: _____
Insurance Co. Name Policy Number Group Number

Physician: _____
Physician Name Physician Phone Number

Signature: _____
Parent or Legal Guardian Relationship: Father Mother Other

Medical Condition(s): _____ **Known Allergies:** _____

Uniform Information

Uniform cost is **NOT included** in the registration fee. **Sizing Information** – We strongly urge you to try on samples at tryouts, you are welcome to visit underarmour.com for sizing charts. **NO refunds or exchanges**, for any reason, are permitted as uniforms are custom designed.

New Players

NEW PLAYER Uniform Package - \$120.00

(socks, short, jersey & reversible practice pinney)

Extras may be ordered at the prices below.

Jersey numbers will be assigned to you

(players are not able to choose/request numbers)

New & Returning Players

Need a new one? or Want an extra?

New and returning players are welcome to buy additional items. Hint: Additional socks are helpful when playing multiple games in one day (specially when it's raining).

Reversible Practice Pinney - \$20.00

(all players must have a reversible pinney)

Uniform Jersey - \$70.00

(UA custom reversible racer-back jersey)

Uniform Shorts - \$25.00

(UA Recruit Shorts)

Uniform Socks - \$10.00

(provide shoe size) players can order additional socks

Socks, jersey & socks, save \$5 - pay \$100.00

(socks, short, jersey)

Jersey Form

Player Status (check one): New Returning

Name on Jersey (New and Returning players complete)

Clearly print your last name below.

Last Name

Number on Jersey (Returning players only) _____

2 digits max (11)

Jersey Size: (New and Returning players complete)

Select	US Sizes	Waist (in)	Hip (in)
<input type="checkbox"/> XS	0-2	23-25	33-35
<input type="checkbox"/> SM	4-6	25½-27½	35½-37½
<input type="checkbox"/> MD	8-10	28-30	38-40
<input type="checkbox"/> LG	12-14	30½-32½	40½-42½
<input type="checkbox"/> XL	16	33-35	43-45
<input type="checkbox"/> XXL	18	36-38	46-48

Shorts Size: (New and Returning players complete)

Underarmour does not supply a size chart for this item.

Try on sample to gauge proper fitting.

XS SM MD LG XL XXL

Sock Size: (New and Returning players complete)

Please provide your shoe size (check one):

5/5½ 6/6½ 7/7½ 8/8½ 9/9½ 10/10½

Parent Payment Choice Agreement

I hereby agree to make payments on the specified dates in accordance to the payment plan I chose, in the applicable amounts to NEMS Lax. I understand I will forfeit all previous payments and/or incur late fees as well as potential consequences brought against me if these terms are not met. Potential penalties include: immediate player expulsion from the program and/or prosecution in a small claims court. Upon default, I agree to pay any fees and costs that the NEMS Program may incur in collecting my balance owed.

Printed Name: _____ Signature: _____ Date: ____/____/____

Witnessed by (NEMS Representative) Signature: _____ Date: ____/____/____

Uniform Fees:			Player Fees:	
Item	x Quantity	= \$	Choose Payment Plan	
New player package \$120	x Qty _____	= \$ _____	OPTION 1: Pay in full 8/23/15	\$ _____
Uniform Jersey \$70	x Qty _____	= \$ _____	OPTION 2: 2 Payments (8/23/15 & 10/23/15)	\$ _____
Uniform short \$25	x Qty _____	= \$ _____	OPTION 3: 3 Payments (8/23/15, 10/23/15 & 1/23/16)	\$ _____
Uniform Socks \$10	x Qty _____	= \$ _____	PLAYER FEE DUE TODAY:	\$ _____
Required Practice Pinney \$20	x Qty _____	= \$ _____	TOTAL UNIFORM & PLAYER FEE DUE NOW	\$ _____
TOTAL UNIFORM FEE DUE AT TRYOUTS:		\$ _____	NEMS: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Returned	

NEMS STAFF SECTION (parents do not fill in)