

BOYERTOWN OPTIMIST CLUB

BOYERTOWN OPTIMIST LACROSSE TEAMS

BOYS – Born 1995-2002

Due By December 31, 2009

\$110.00** Payable To: Boyertown Optimist

B.O.L.T. – 188 Vale Drive, Boyertown, PA 19512

LacrosseBoys@BoyertownOptimist.org

**PLEASE
PRINT CLEARLY**

ATTENTION:

Register Now & Pay Only \$90.00;

\$70.00 For U9's With Own Equip.

Offer good until December 19, 2009.

Player's Name _____ Date of Birth _____

Address _____

Home Phone _____ Email _____

School Attending _____ Current Grade _____

Healthcare Plan _____

Any Medical / Special Needs _____

Emergency Contacts:

Name: Relationship: Phone Number:

1. _____

2. _____

WAIVER AND RELEASE OF LIABILITY (Please read thoroughly before signing)

I, THE PARENT/GUARDIAN OF THE REGISTRANT, A MINOR, AGREE THAT MY FAMILY, THE REGISTRANT, AND I WILL ABIDE BY THE RULES OF THE BOYERTOWN OPTIMIST LACROSSE TEAMS ORGANIZATION. RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH LACROSSE AND IN CONSIDERATION FOR BOYERTOWN OPTIMIST LACROSSE TEAMS ACCEPTING THE REGISTRANT FOR THE LACROSSE PROGRAM, I ON BEHALF OF MY FAMILY, HEREBY RELEASE, DISCHARGE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE BOYERTOWN OPTIMIST LACROSSE TEAMS, THE VOLUNTEERS, ORGANIZERS, SPONSORS, COACHES AND OWNERS OF LAND OR BUILDING UTILIZED BY THE ORGANIZATION, AGAINST ANY CLAIMS BY OR ON BEHALF OF THE SPECTATOR, AS A RESULT OF THE REGISTRANT PARTICIPATION IN THE PROGRAM AND OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE. I ALSO AUTHORIZE EMERGENCY MEDICAL TREATMENT FOR THE REGISTRANT BY ANY QUALIFIED LICENSED PHYSICIAN. FURTHERMORE, I UNDERSTAND THAT TEAM JERSEYS MUST BE RETURNED IN GOOD CONDITION OR FEE WILL BE CHARGED AND THAT NAMES & PHOTOS CAN BE TAKEN FOR PUBLICATION PURPOSES.

PARENT/GUARDIAN SIGNATURE: _____ DATE ____/____/____

PRINTED NAME OF PARENT/GUARDIAN: _____

Volunteers: Anyone interested in volunteering, please check the appropriate position

Head Coach _____ Asst. Coach _____ Team Parent _____

Team Media Person _____ Team Score Keeper _____ Team Time Keeper _____

****Registration Fee For U9's (Boys Born 2001-2002) Using Their Own Equipment Is Only \$90.00.**

NO REFUNDS

*****Club Use Only*****

Check # _____ Date Rec'd _____ Received By _____