



SPARTAN LACROSSE Club of Wichita

Spring 2019 Registration Form

PLAYER INFORMATION

Participant Name: _____ Participant's Date of Birth: _____
Address: _____ City/Zip: _____
Home Phone #: _____ Participants Cell#: _____
School: _____ Grade: _____

PARENT/GUARDIAN INFORMATION

Parent(s) / Legal Guardian(s) Name(s): _____
Parent/Guardian Phone: _____ Parent/Guardian Alt. Phone: _____
Parent/Guardian E-mail: _____ Parent/Guardian Alt. E-mail: _____

LACROSSE EXPERIENCE

Participant is a: New Player _____ Experienced Player _____ # of years: _____
Primary position in lacrosse is (please circle one): Goalie Attack Midfield Defense Unknown

PHYSICAL INFORMATION

Height (approximate): _____ ft. _____ in. Weight (approximate): _____ lbs.
T-Shirt Size: _____
Allergies (that could be triggered while playing or exercise): _____
Medication: Is the player currently taking any medication? If yes, please list: _____
Does the player require medication before/during/after practice or games? _____
If yes, is the player capable of administering it himself/herself? _____
(Please notify a coach if a player may need medication during practice/game. We can hold it for them.)
Is there anything that may affect the participant's ability to engage in this contact sport? _____

MEDICAL INSURANCE INFORMATION (Required*)

Participant Primary Medical Insurance Carrier: _____ Policy Number: _____
Preferred Hospital (if any): _____ Doctor: _____

***Participants without medical insurance can be covered under with a U.S. Lacrosse membership. \$25 annual membership for players under age 15).**

U.S. Lacrosse Membership Number: _____ Membership Expires: _____



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EMERGENCY CONTACT INFORMATION:

Primary Emergency Contact Person: _____

Relationship: _____

Primary Emergency Contact Phone: _____

Secondary Emergency Contact Person: _____

Relationship: _____

Secondary Emergency Contact Phone: _____

As parent / legal guardian of this participant, I hereby verify by my signature below that I have read, I fully understand, and I accept each of the following conditions, especially the waiver and release set forth below:

Waiver and Release:

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that neither the Spartan Lacrosse Club of Wichita (hereafter referred to as 'Organization'), or any of the officers or organizers shall be liable for any injury, loss of life, or other loss or damage occurring as a result of my child's participation in the Spartan Lacrosse 2019 Spring session.

Medical Attention:

I hereby give my consent to the Organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my child's participation in the Spartan Lacrosse 2019 Spring session.

Readiness to Compete:

I will only allow my child to participate in those competitions or activities which are coordinated by the Organization, in which I believe my child is physically and psychologically prepared to participate.

Media Wavier:

I acknowledge that the Organization and/or its sponsors or volunteers may take and utilize photographs of my child for media production in connection with promotional or other activities and hereby waive all rights of compensation.

Parent/Guardian Signature: _____ **Date:** _____