

Norrisville Recreation Registration Form

Program: **35 Lacrosse**

A program of the Norrisville Recreation Council and Harford County Department of Parks and Recreation

PLAYER/PARTICIPANT INFORMATION

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

DOB: ____/____/____

Rank Your Ability Level 3 4 5

(3=Novice 4= Played Organized Ball 5= Very Good/Former College)

Position (midfield, goalie, attack, defense): 1. _____ 2. _____

Spring Ball \$10 Fall League \$45 Spring & Fall League \$55 Need Jersey Add \$20 (fall only)

Jersey Size: Reversible (circle one): XL XXL

Emergency Contact: _____

Are there physical conditions or allergies of which the coach/administrator should be aware? _____

Participant/Parental Agreement and Insurance Information

I certify that the individual named above is in good physical condition and is capable of participating in the named program. If medical attention beyond first-aid treatment is required, I understand that every attempt will be made to contact me at the emergency number provided. If contact with me is not possible, I give permission for medical attention to be administered. Furthermore, I hereby release, exonerate and discharge the organizers, officers, volunteers, coaches, officials, representatives, employees, and agents from any and all actions and for any injuries or damages incurred while participating in, or traveling to and from, this program.

Participant Signature: _____ Date: _____

Participant's Medical Insurance Company: _____

Total Due \$ Total Paid \$ _____ Check # _____

Checks Payable for to NRC
Mail to: NRC-LAX
2312 Walnut Spring Court
White Hall, MD 21161