

Boys Lacrosse Registration  
Monroe Lacrosse Club  
Spring 2008 Season

Players Name \_\_\_\_\_ Grade \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Parents' Email \_\_\_\_\_  
Parents/Guardian Names \_\_\_\_\_  
Street Address \_\_\_\_\_ Town \_\_\_\_\_  
Home Phone \_\_\_\_\_ Daytime(Work) Phone \_\_\_\_\_  
Name and Address if second mailing is required \_\_\_\_\_  
\_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Emergency Contact Number \_\_\_\_\_

The Monroe Lacrosse program is run entirely by volunteers. We need parents to volunteer as coaches and team parents. Please check an area where you can help and include your name.

Coach \_\_\_\_\_ Team Parent \_\_\_\_\_  
Timer \_\_\_\_\_

Medical Insurance

My child named above, is covered by the following medical insurance policy

Name of Insured \_\_\_\_\_ Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ Insurance Co Phone # \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_  
Allergies \_\_\_\_\_

\*\*\*\*\* See Reverse Side\*\*\*\*\*

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Registration Fee

The Registration Fee is to cover the cost of goals, referees, jerseys, medical supplies, stationery, postage, etc. and a membership in US Lacrosse(\$20 fee required for all Junior Programs)

Registration Fee is \$140

- No Work Bond, no Snack Bar, come to enjoy the games
- \$10 Reduction in Registration Fee if Check in by Jan 20, 2008
- \$20 Reduction in Registration Fee for each additional sibling.

Make checks out to Monroe Lacrosse Club and mail to  
Joe Garavente 6 Cambridge Ct E Brunswick, NJ 08816

Equipment

We will have a night in January with a Equipment Representative where you will be able to purchase all the equipment in a package priced competitively.

PLEASE READ CAREFULLY

As parent or guardian, I hereby give full permission for my child named above to participate in the Monroe Lacrosse Club program. I fully understand that participation in any sport involves the possibility of injury. A physical examination has revealed no defect or disability, which might make my child's participation hazardous.

As parent or guardian, I will review the Club's code of conduct for Lacrosse participation with my child named above and agree to abide by the guidelines for good sportsmanship and respect for teammates, coaches and officials.

I hereby absolve the Monroe Lacrosse Club, its officers, officials, managers, coaches and volunteers of liabilities for injury to my child arising out of game or practice activities including travel to and from these activities necessary or essential thereto.

Furthermore, I hereby give permission for any Club representative to transport or have transported my child to a medical treatment facility and to authorize treatment of my child for any injury or medical matter deemed appropriate by the Club representative in my absence. I understand that I will be responsible for any medical fees incurred for treatment of my child.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_