

2012 CENTENNIAL YOUTH LACROSSE ASSOC. PLAYER REGISTRATION

LAST NAME: _____ GENDER: M F CURRENT GRADE: _____

FIRST NAME: _____ BIRTHDATE: _____ / _____ / _____

PARENT'S NAMES: _____

HOME PHONE #'s: _____ CELL #'s: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL(s): _____ SCHOOL: _____

Are you new to CYLA? Yes or No If so, who referred you? _____

LEAGUE FEES: MAKE CHECKS PAYABLE TO: CYLA

BOYS & GIRLS Teams 3/4th, 5/6th, 7/8th

_____ **Spring Season \$135** (There currently is not a Girls 3/4th Spring League)

_____ **Summer Season \$135**

_____ **One-time Uniform Fee \$65**

(Uniforms for all levels will be re-usable year after year. Replacement Jerseys/Shorts will be available for purchase if necessary)

OR

_____ **Bundled: Spring & Summer Seasons incl. Uniform \$300**

PARENT/GUARDIAN AGREEMENT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the CYLA, MYLA, YLM and US Lacrosse. Recognizing the possibility of physical injury associated with lacrosse, I hereby release, discharge and/or otherwise indemnify the CYLA, its affiliate associations, youth associations, event hosts including any arenas, public and private fields, including CMS and CHS, and all associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the league. As the parent or legal guardian of a participant, I hereby give my consent for emergency medical care by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever condition are necessary to preserve the life, limb or well being of my dependent..

Code of Conduct: I, the parent/guardian have read and agree to the terms of the CYLA Parental Code of Conduct Policy. By signing below, I acknowledge that if I violate this policy I will accept the consequences described.

DATE: ___/___/___ PARENT/GUARDIAN SIGNATURE: _____

PARTICIPANT'S SPECIAL MEDICAL CONDITIONS: _____

ADMIN. USE ONLY:

Check # _____ Amt \$ _____ Volunteer form and Check Y / N USL form Y / N

One form per family - Must accompany player registration form to be registered Check # _____