

# Mt. Olive Jr. Lacrosse Club

**Boys/Girls**

## 2008 Player Registration Form

PLAYER'S NAME: \_\_\_\_\_

STREET/MAILING ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: New Jersey ZIP CODE: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ (PLEASE PRINT LEGIBLY)

TELEPHONE #: (\_\_\_\_) \_\_\_\_\_ CELL/OTHER #: (\_\_\_\_) \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

I/We, the parents of the above named player, hereby grant my/our permission for his/her participation in any and all Club activities, during the current season. I/We assume all risks and hazards incidental to such participation, including transportation, to and from activities. I/We hereby waive, release, absolve, indemnify, and agree to hold harmless, the Mt. Olive Jr. Lacrosse Club, its organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities, for any claim arising out of injury to my/our child. Except to the extent and in the amount covered by accident and/or liability insurance.

I/We agree to return upon request all equipment, including game uniforms, issued to my/our child, by the Mt. Olive Jr. Lacrosse Club, in as good of condition as when received, except for normal wear and tear.

I/We agree to furnish, upon request, a certified copy of my/our child's birth certificate for age verification, so that they may participate within the New Jersey Junior Lacrosse League.

I/We hereby give my/our approval for the above applicant to participate in any and all Mt. Olive Jr. Lacrosse Club, New Jersey Junior Lacrosse League and US Lacrosse activities.

To participate within the New Jersey Junior Lacrosse League, all participants must be registered members of US Lacrosse. A portion of your registration fee will go toward fulfilling your child's US Lacrosse membership requirements. US Lacrosse provides medical insurance and membership. League games will not be sanctioned under US Lacrosse Youth Council Guidelines without this coverage, due to liability concerns.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(CIRCLE PAYMENT AMOUNT)

(CIRCLE PAYMENT METHOD)

CHECK #: \_\_\_\_\_ AMOUNT: \$ 130/\$250/\$370 DATE: \_\_\_\_\_ CASH/CHECK /M.O.

Parental involvement is essential to a successful program. Parents are required to provide some assistance in the course of a season. There are several areas that need assistance, in order for the Club to operate successfully. Please check off an area that you will volunteer your time and services this season:

Coaching     Concessions     Field Maintenance     Equipment/Uniforms     Fundraising  
 Publicity     Administrative     Videotape Games     Timekeeping/Scoring     Car Pooling

Volunteer Name: \_\_\_\_\_

Availability: \_\_\_\_\_