

**Sackets Harbor – Grades 5/6 Registration 2024**

**Player**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age:** DOB**:** \_\_\_\_\_\_\_\_\_

**Parent (S)/Guardian (S)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #'s Home**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address (1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best way to contact you: (i.e. - email, text, call)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Medical Insurance Information: Required for Participation***

I, the undersigned, do hereby authorize officials/coaches of the Bath Youth Lacrosse program to contact directly the persons named on this contact form and authorize an attending physician(s) to render such treatments may be deemed necessary in a emergency, for heath of said child.

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's Health Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy/Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Photo Release****:*

Bath Youth Lacrosse is seeking approval to have photos of Lacrosse activities published on our website and in news print. ***No personal phone numbers or addresses will be allowed on the web site. Names may be used in newsprint and on website.***

Keeping with the above stated Bath Youth Lacrosse guidelines,

I/we hereby assign and grant to Bath Youth Lacrosse, Inc. the right and authorization to use and publish any/all photographs and electronic representations taken of any of my/our family members at Bath Youth Lacrosse events. I/we hereby agree to indemnify and hold harmless Bath Youth Lacrosse, Inc. and any of its representatives from any and all causes of action arising out of the use of the photographs or electronic representations. If I/we choose to revoke this permission I/we will submit it in writing to a committee member and the photos of my/our family members will be removed within 10 business days.

Parent/ Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

**Cost: $40 Includes Sackets Harbor Tournament**

**We will play 3 games total on Sunday July 7th.**

**Please return forms and Money to Branden Dickson by May 1st, 2024.**

**Thank you!**

**Checks written to *Bath Youth Lacrosse***

**Questions - call Branden Dickson 607-368-7822 or email bathyouthlacrosse@gmail.com**

**Parental Waiver/Medical Release**

In consideration for my/our child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being allowed to participate in the Bath Area Youth Lacrosse Spring/Summer League:

I/we (the undersigned) hereby certify that he or she is in good health and physical condition and is fit to participate in any/all related activities.

I/we acknowledge that lacrosse is a contact sport and that each participant will be engaging in activities that involve risk of injury due to the actions/inaction of coaches, players, the rules of play, the equipment and the field conditions, and hereby assume all such risks, foreseeable or unforeseeable at this time.

I/we hereby release/waive/discharge the Bath Area Youth Lacrosse and their coaches, Bath Central School, assistants, league officials, agents, other players or other parents/guardians from any and all liability to each of the undersigned for any and all claims, demands, losses or damages on account of injury caused in whole or in part by the negligence of the release.

I/we hereby give permission for and assume responsibility for the payment of any/all medical attention necessary to be administered to my child in the event of injury, sickness, etc. under the direction of the team coach until such time as I may be contacted.

I currently have and agree to maintain, throughout the time my child(ren) train and compete, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing coverage for the player.

Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_