



HASTINGS LACROSSE

2022 Recreation Spring Team

All information must be completed in FULL at time of registration for application to be accepted.

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home #: _____

School Attending: _____ Grade: _____ Gender: _____

Parent/Guardian A. Name: _____ Cell #: _____

Parent/Guardian B. Name: _____ Cell #: _____

Preferred Email Address: _____

In case of an emergency and the parents cannot be reached, please contact:

Name _____ Phone _____ Cell # _____

UNIFORM SIZE:

Reversible Jersey: Small/Medium: _____ Large/XL: _____

Shorts: Small: _____ Medium: _____ Large: _____ XL: _____

Each family please choose ONE volunteer function for the season.

Coaching: _____ Field Maintenance: _____ Stats and Timekeeping: _____ Promotion: _____

Administration: _____ Picnic: _____ Game Day Food/Drink: _____ Fundraising: _____

Lacrosse is a contact sport that requires stamina and vigorous conditioning. His/Her physician has cleared my child to participate in this sport.

Parent/Guardian Signature: _____ **Date:** _____

Allergies _____ Medications _____

Doctor: _____ Doctor Phone: _____

Hospital Preference: _____

Medical Insurance: _____ Policy #: _____

In consideration of accepting this registration form, I, the undersigned, for myself, my executors, administrators and assignees, do hereby discharge Hastings Recreation Department, and any and all coaches, sponsors, organizers, and their representatives and successors from all claims of damages, actions, and causes of action whatsoever, in any manner arising or growing out of my child's/ward's participation in said program. The Hastings Lacrosse Club and Hastings Recreation Department retains the rights to any photographs or videotapes of the taken at practices and/or games to be used for publicity or advertising. I further attest that my child/ward is physically qualified to participate in the program.

Parent/Guardian Signature: _____ Date: _____

REGISTRATION INFORMATION: Circle Team: BOYS GIRLS

Boys/Girls League Player Fee \$200 (Residents): _____ \$225 (Non-Residents): _____

Amount Paid: _____ Check # or cash: _____

Current US Lacrosse #: _____ Expiration date: _____