



# **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:** \_\_\_\_\_