

Towsontowne Boys' Lacrosse -- Spring 2008 Registration

Please return this form along with your check or money order made payable to:
Towsontowne Boys' Lacrosse; C/O Susan Smith, 8335 Carrbridge Circle, Towson, MD 21204

MYLA Age Group Rules: **CLINIC:** 5 or 6 years old as of August 31, 2007; **TYKER:** 7 or 8 years old as of August 31, 2007; **LIGHTNING:** 9 or 10 years old as of December 31, 2007; **MIDGET:** 11 or 12 years old as of December 31, 2007; **JUNIOR:** 13 or 14 years old as of December 31, 2007

Player's Name:

Street Address:

City, Zip Code:

School:

Grade:

Date of Birth:

Home Phone #:

E-mail:

Dad's Name:

Day/Cell Phone #:

Mom's Name:

Day/Cell Phone #:

For Lightning, Midget & Junior players, please indicate preferred position as 1, 2 & 3 : () **Attack** () **Midfield** () **Defense** and/or () **Goalie*** and for the **Lightning** and **Midget** levels a willingness to try out for **Sunday travel teams**** ().

NON-REFUNDABLE FEE: Clinic (under 7) ----- \$ **80.00**

All other age groups: \$ **155.00**

In consideration of my participation in MYLA sanctioned events, I agree to the following:

- 1) **Readiness to Compete:** I will only participate in those MYLA competitions for which I believe I am physically and psychologically prepared to compete.
- 2) **Medical Attention:** I hereby give my consent to MYLA and the host organization of any MYLA sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in MYLA sanctioned events.
- 3) **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that MYLA, the host organization, and sponsors of any MYLA sanctioned event, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, including youth leagues and organizations without limitations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event. This Waiver and Release shall also be for the benefit of and run in favor for any youth organization that requires participants to fall under the auspices of MYLA as a condition to their participation in such organization's youth lacrosse events.
- 4) **I agree that Towsontowne is the only MYLA sanctioned program that I have signed up for; my non-refundable fee guarantees my participation this season.**
- 5) **Code of Conduct:** I agree to all terms on the reverse side of this form.

Signature of Participant _____ **Date** _____

For any participant who is not yet 18 years old: As legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in any MYLA sanctioned event and accept each of the above conditions, and especially the waiver and release set forth in paragraph three.

Signature of Parent/Guardian _____ **Date** _____

Printed Name of Parent/Guardian _____

*All players interested in playing Goalie (Lightening, Midget & Junior levels only) will be invited to pre-season Goalie clinics and practices.

**Sunday travel team players will be assessed an additional registration fee in the spring.

Mail-In Registration must be received by Wednesday, Nov. 28th
Walk In Registration: Saturday, December 1 @ Riderwood Elem. 9:00 AM to 11:00 AM

Revised 11/4/07 Please complete reverse side (front)

Office Use Only: date received _____ Check # _____ in amount of \$ _____

