



Battle Creek Lacrosse 3rd & 4th grade

Registration Form - Spring Season

*** Please include signed Waiver form with registration***

Name:	Grade: 3rd or 4th (circle one)
Address:	Date of Birth:
City: State: Zip:	School Name:
Parent(s)/Legal Guardian name:	Total Amount Enclosed (required) : \$
Primary Phone Number: Secondary Phone Number:	USA Lacrosse Membership Number (required): -----
Primary email address: Secondary email address:	Additional friends and family email addresses for schedule updates and other special information:
Emergency Contact Name:	Emergency Contact Phone Number(s):

Registration Checks:

Check made payable to: **Mike Gilbert**

Mail check, registration and waiver to Mike Gilbert, 10567 6 1/2 Mile Road, Battle Creek, Michigan 49014

- Registration fee: **\$75**
- **Player must sign-up for USA Lacrosse membership for required insurance.**
- Player cannot play until registration is paid in full and USA Lacrosse membership is obtained.
- Note: Full equipment is required and supplied by the player. Jersey is provided to player for the season and returned at the last scheduled event.

Required: USA Lacrosse Insurance/Membership: <https://www.usalacrosse.com/membership>

Note: The USA Lacrosse membership includes insurance.

(Insurance information link: <https://www.usalacrosse.com/usa-lacrosse-insurance-program>)

Coach: Juan Ramos ramos2juan@icloud.com

Games/Schedule/Practice: Game schedules will be communicated in March. Practices will start after Spring Break. Practices will take place at Harper Creek practice football fields or a named elementary school.

Link for Schedule and USA Lacrosse Membership/Insurance
[**https://linktr.ee/BCLAX**](https://linktr.ee/BCLAX)

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Participant Waiver

Release and Informed Consent for participation on the BCLAX ¾ Grade Lacrosse Team.

(SIGNATURE IS REQUIRED IN ORDER TO PARTICIPATE) In consideration of my participation on the BCLAX ¾ grade lacrosse team, I agree to the following:

I desire to voluntarily participate on the BCLAX ¾ grade lacrosse team.

I agree to assume the risk of such exercise and further agree to release from any liability, and hold harmless any respective coaches, volunteers, facilities, officers, directors, and agents from any and all claims, suits, losses, or related causes of action or damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from my participation BCLAX ¾ grade lacrosse team. Furthermore the above named will not be responsible for any stolen or damaged items.

Medical Attention: I hereby give my consent to the BCLAX ¾ grade lacrosse team coaching staff 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.

I understand that it is my requirement to obtain USA Lacrosse Membership insurance prior to participation and that any and all expenses incurred during organized lacrosse activities up to and including injury of the lacrosse participant and property damage shall be claimed with USA Lacrosse and hold harmless any respective coaches, volunteers, facilities, officers, directors, and agents from any and all claims, suits, losses, or related causes of action or damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from my participation on the BCLAX ¾ grade lacrosse team.

I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate. I understand that I am responsible for monitoring my own condition throughout any exercise program and should any unusual symptoms occur, I will cease my participation and inform a coach immediately of the condition.

In signing this release and consent form, I affirm that I have read this form in its entirety and that I understand its contents. I also affirm that my questions have been answered to my satisfaction.

By signing this release, you agree (opt-in) to receive various email messages to specified email addresses, related to registration, schedule updates, and special apparel offers.

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD: As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions on permitting my child to participate in lacrosse, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

Participant's Name: _____

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