

KITSAP YOUTH LACROSSE ASSOCIATION



Please register the player named below for the 2009-2010 Indoor Lacrosse Season.

Name: _____

Address: _____

Phone: _____

Email : _____

School: _____

Grade: _____

Parent/Guardian Signature

Liability Waiver

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter to participate on a KYLA Lacrosse Team. In order that my son/daughter may receive the necessary medical treatment in the event he/she may sustain injury or illness during the Lacrosse season, I hereby authorize the KYLA coaching staff to obtain medical treatment for my son/daughter for such injury or illness during the season. I hereby hold North Kitsap, Central Kitsap, Bremerton, and South Kitsap School Districts, OSSC, and KYLA harmless in the exercise of this authority.

I understand and acknowledge that in participation on a Lacrosse Team, there is a possibility that my son/daughter may sustain physical injury or illness in connection with his/her participation. I further acknowledge and understand that my son/daughter is assuming the risk of such physical injury or illness by his/her participation and I further release North Kitsap, Central Kitsap, Bremerton, and South Kitsap School Districts, OSSC, and KYLA as well as their representatives for any claims for personal injury that my son/daughter may sustain during the season. I further understand and acknowledge that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for any physical injury or illness that he/she may sustain during the season.

Participant's Name (*print*): _____

Parent/Guardian Information (if over 18 sign as yourself):

Name (*print*): _____

Signature: _____

Home Phone: _____

Emergency Contact Information:

Name (*print*): _____