

# KITSAP YOUTH LACROSSE ASSOCIATION



Please register the player named below for the 2009 Summer Lacrosse Season.  
\$10 per session.

**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, 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, 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*): \_\_\_\_\_

**Phone:** \_\_\_\_\_