



Lacrosse Registration 5th - 8th Grade Boys
Northwest Austin Youth Lacrosse Association (NWAYLA)
Spring 2010 Youth League Application Form
<http://nwaustinlacrosse.com>

Player Information

All participants must complete the Informed Consent/Medical Authorization Form found on the page 2 in order to participate.

Name: _____ Birth Date ___/___/___

Address: _____

Current School: _____ School Grade: _____

T Shirt Size (**Circle one**) Youth L Adult S M L XL

Mother/Guardian _____
 Home Phone _____
 Cell Phone _____
 Work Phone: _____
 e-mail _____

Father/Guardian _____
 Home Phone _____
 Cell Phone _____
 Work Phone: _____
 e-mail _____

Check here ___ if you do not approve of sharing your contact information with others in the league

2010 Registration Fee

Amount Paid

All-In-One Registration Fee * ----- \$ 275

(scholarships available:

Late Fee -- \$ 30 Required after 2/07/2010

Contact: Laura Weaver 535-3445

Total enclosed \$ _____ (ck. # _____)

* Includes:

- League T-Shirt , game shorts
- Practice Jersey
- Lacrosse Festival
- End of Season Party
- Coaches' Gifts
- Team Photo
- Mangia Gift Certificate
- Referee fees
- Insurance
- Field-use fees
- Field maintenance supplies
- Team Equipment (goals, nets, balls, etc.)

* No additional donations or fund raisers!

NOTE: Registration Fee and Late Fee are Non-refundable

Volunteer to Help!

Name: _____

Telephone: _____

- Assist Coach (training provided)
- Team Parent
- Assist with Field Maintenance

Questions???

Read the Frequently Asked Questions soon found at: <http://nwaustinlacrosse.com>

Mail registration to:

NWAYLA
 P. O. Box 26265
 Austin, TX, 78755-0265



2010 NWAYLA Sponsored by
Mangia Pizza



INFORMED CONSENT/MEDICAL AUTHORIZATION FORM

_____ “Child” and the undersigned parent/guardian(s) of the Child, hereby give permission for Child to participate in the Northwest Austin Youth Lacrosse Association as a player and otherwise. Further, I/we authorize emergency treatment to an injury or illness of Child if qualified medical personnel consider treatment necessary. This authorization is granted only if I/we cannot be reached and a reasonable effort has been made to do so.

PARENT OR
GUARDIAN _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

PRE-EXISTING MEDICAL CONDITION _____

ALLERGIES _____

INSURANCE COMPANY/POLICY NO _____

OTHER EMERGENCY CONTACT _____

RELATIONSHIP _____ PHONE _____

I/We are aware that participating in lacrosse is a potentially hazardous activity. I/we assume all risks associated with the sport, including but not limited to falls, contact with other participants, effects of other weather, traffic, and other reasonable risk conditions associated with the sport of lacrosse. We hereby release and hold harmless Northwest Austin Youth Lacrosse Association and its directors, members, officers, employees, agents and other representatives from any and all damages and claims suffered by us, Child or any of our invitees to all games and practices. I/We further understand and agree that as an additional consideration for allowing Child to participate in Northwest Austin Youth Lacrosse Association league, I/we hereby give the release and hold harmless agreement above, and covenant and agree not to sue Northwest Austin Youth Lacrosse Association and its directors, members, officers, employees, agents and other representatives. I/ We also understand that without this agreement, Child would not be able to participate in Northwest Austin Youth Lacrosse Association league activities. I/We further agree that I/we either have insurance that would cover any damages or injury to Child, or I/we specifically agree to assume the risk of such damages or injury. We also agree that we understand that supplemental insurance covering the risk of damage and injury to child is purchased by the league from K&K Insurance Group, Inc. (Claim forms available upon request from NWAYLA Board President).

Child's Signature _____ Date _____

Parent/Guardian
Signature _____ Date _____