

# 2012 Indoor Lacrosse at Commodore Gym

High School Boys Indoor Lacrosse

Sundays, 1/15/12 through 2/12/12 7:00-9:00 pm

**Cost:** No fee

**Registration:** ALL Players must register to play. Complete form below and bring to Commodore on Sunday.

**Location:** Commodore Multipurpose Gym, High School Road, Bainbridge Island

**Attire:** Lacrosse gear and tennis shoes. Loaner equipment may be available. Contact Coach Visco.

**Format:** Scrimmage

**Questions?** Contact Jack Visco at [jev@nwlinc.com](mailto:jev@nwlinc.com) or Cindy Shea at [cindyshea10@gmail.com](mailto:cindyshea10@gmail.com)

\*\*\*\*\*Registration Below\*\*\*\*\*

# Indoor Lacrosse at Commodore Gym

## 2012 Registration for High School Players

1/15/12—2/12/12

7:00-9:00 pm

Player Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Grade: \_\_\_\_\_

School \_\_\_\_\_

Will you need loaner equipment?    Yes    No

**Parent Name** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

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

**Emergency Contact** \_\_\_\_\_

**Emergency Phone** \_\_\_\_\_

### **Assumption of Risk and Release:**

I hereby give my consent for my child to participate in Indoor Lacrosse and declare that I will not hold Indoor Lacrosse or anyone associated with the event responsible for any injuries, damage, or personal loss while participating in the session. I, the Parent or Guardian of the applicant, authorize the Staff to arrange for or render emergency care due to injury, including Aid car, CPR, Emergency room vehicle, and consultation or treatment by medical or dental professionals.

Health Insurance Company \_\_\_\_\_

Policy# \_\_\_\_\_

Known Allergies or Medical Conditions ( eg. Asthma) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Questions? Contact Coach Jack Visco at [jev@nwlinc.com](mailto:jev@nwlinc.com) or Cindy Shea at [cindyshea10@gmail.com](mailto:cindyshea10@gmail.com)