BRUNSWICK YOUTH LACROSSE REGISTRATION FORM

PLAYER INFORMATION

Name: Last, First	Address	DOB	Gender	Grade
_____	_____	_____	_____	_____

USA Lacrosse Membership #	Email Associated with USA Lacrosse Registration
_____	_____

GUARDIAN INFORMATION

Primary Guardian Name	Address	Phone #	Email
_____	_____	_____	_____

Secondary Guardian Name	Address	Phone #	Email
_____	_____	_____	_____

EMERGENCY CONTACT INFORMATION

Name	Relationship to Player	Best Phone #
_____	_____	_____

MEDICAL INFORMATION

Insurance Provider	Group #	Policy #
_____	_____	_____

Doctor Name	Doctor Phone #	Hospital of Choice
_____	_____	_____

_____

Does your child have any allergies that we should be aware of? If so, please list.

_____

Does your child have any other medical conditions that we should be aware of? If so, please list.

REGISTRATION FEES (Select all that apply below)

___Grades 3-6, registering **BEFORE** March 1 for both boys and girls, full equipment, travel play **$100**
___Grades 3-6, registering **ON OR AFTER** March 1 for both boys and girls, full equipment, travel play **$120**
___Grades 1&2, $35 coed, Sunday clinics **$35**

FOR ADMINISTRATIVE USE ONLY

Payment Method_____ Sibling Discount (Y/N)_____ Consent to Treat_____
Concussion Waiver_____ Communicable Disease Waiver_____

Waiver/Release for Communicable Diseases Including COVID-19

In consideration of being allowed to participate in a Brunswick Youth Lacrosse ("BYL") program ("BYL program"), the undersigned acknowledges, appreciates, certifies and agrees that:

1. My participation includes possible exposure to and illness from infectious diseases, including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness, injury, and death does exist.
2. If I have a pre-existing health condition, exposure to COVID-19, or any other infectious disease may be more likely to cause serious illness, injury, or death;
3. BYL cannot ensure that all other participants, including coaches and volunteers, are taking precautionary measures to mitigate risks to ensure the health and safety of other participants, coaches, and volunteers, and therefore, participation in a BYL program involves risk of exposure to infectious disease; and,
4. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
5. I certify that I will not attend any BYL event if I have recently tested positive for, or am exhibiting, symptoms of COVID-19, which include a cough, shortness of breath or difficulty breathing, loss of taste or smell, headache, chills, muscle or body aches and/or sore throat.
6. I certify that I I will not attend any BYL event if I have a household family member/roommate who has recently tested positive for or is exhibiting the above-referenced symptoms of COVID-19.
7. I willingly agree to comply with all recommendations provided by BYL to ensure safe play. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest coach, staff member or volunteer, or official immediately; and,
8. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS BYL, and their officers, officials, agents, and/or employees, other participants, volunteers, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the program("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____ Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)
This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____ Date signed: _____

HEADS UP Concussion Waiver

I have read the HEADS UP fact sheet for parents on concussion found at cdc.gov/headsup/youthsports/parents.html. I will also discuss the HEADS UP fact sheets for athletes on concussion found at cdc.gov/headsup/youthsports/athletes.html with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Name of parent/guardian: _____

Parent guardian/signature: _____ Date signed: _____

CONSENT TO MEDICAL TREATMENT

If my registered child needs emergency medical treatment and neither parent nor the family doctor can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Name of parent/guardian: _____

Parent guardian/signature: _____ Date signed: _____