

# STATEN ISLAND LACROSSE

## PROGRAM REGISTRATION FORM

Athletes Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Athletes Age: \_\_\_\_\_ School: \_\_\_\_\_

Program Participating: \_\_\_\_\_

I certify that I have completed a STATEN ISLAND LACROSSE waiver and release liability form, and that my child has been given a complete physical by a physician and has no ailments or disabilities that may keep them from participating in athletic play. Permission is hereby granted to STATEN ISLAND LACROSSE for my child to receive emergency medical treatment if needed.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_