

2007 SUMMER LEAGUE REGISTRATION

Please Print Legibly

Personal Information

Last Name: _____ First Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

The league uses e-mail to communicate with all its members, if you do not give an e-mail address you will not be part of correspondence.

Jersey Size: _____ (with pads)

USLacrosse Member: Y__ N__ Member Number: _____

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

Primary Insurance Company: _____

Policy Number: _____

Lacrosse Information

Position: _____ Years Playing: _____

Team/School (most recently) Playing With: _____

Ability Level (1-Beginner - 8-Expert) Circle Level: 1 2 3 4 5 6 7 8

Lacrosse is a contact sport and can cause bodily harm or death. By signing below you agree to abide by all rules of the league, wear proper equipment, and follow all directions of the league, referees, and personnel associated with the league. By signing below you agree not to hold the Miami Lacrosse Association, The Miami Summer Lacrosse League, its officers or workers liable for any lacrosse related injury that occurs before, during or after your game. If you are under the age of 18 please have your parent or guardian sign.

Name of Athlete (Please Print)

Athlete's Signature (if 18 or older)

Parent or Guardian (if athlete is under 18)/ Relationship

Parent or Guardian's Signature