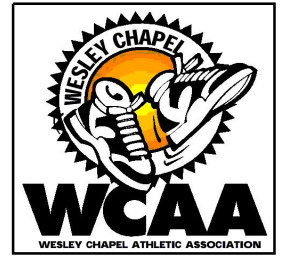


# WCAA Warriors Lacrosse – 2009 Registration

**ALL PLAYERS MUST BE A MEMBER OF US LACROSSE**



US Lacrosse #: \_\_\_\_\_ Go to [www.uslacrosse.org](http://www.uslacrosse.org) to register.

## Registration fees per team (please circle one):

Boys high school: \$175                      Girls high school: \$175  
Boys 7<sup>th</sup>/8<sup>th</sup> grade: \$150                      Girls 6<sup>th</sup>/7<sup>th</sup>/8<sup>th</sup> grade: \$150  
Boys 5<sup>th</sup>/6<sup>th</sup> grade: \$150                      Youth (Boys & Girls) grades K thru 5: \$75

Be sure to mark the correct sizes!!

No refunds \$30 fee will be charged on all returned checks.

<b>PLEASE CIRCLE SIZES</b>							
Shirt:	YS	YM	YL	AS	AM	AL	AXL
Shorts:	YS	YM	YL	AS	AM	AL	AXL

<b>OFFICIAL USE ONLY</b>	
Cash Amount\$	_____
Check Amount \$	_____ Check # _____

### PLAYER INFORMATION:

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Alt Ph: \_\_\_\_\_  
Youth Email: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Sex (M or F)  
Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
School: \_\_\_\_\_ Grade \_\_\_\_\_

### MEDICAL INFO

Date of Last Physical: \_\_\_\_\_  
Medical Problem(s) Player has: \_\_\_\_\_

Does player have asthma? Y N

Allergies: \_\_\_\_\_

### PARENT INFORMATION:

Parent1 (last, first): \_\_\_\_\_  
Parent2 (last, first): \_\_\_\_\_  
Email1: \_\_\_\_\_  
Email2: \_\_\_\_\_  
Parent1 Cell: \_\_\_\_\_  
Parent2 Cell: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Emerg Phone: \_\_\_\_\_

### PRIOR PLAYING EXPERIENCE:

2007 Lacrosse Team: \_\_\_\_\_  
Describe Other Experience: \_\_\_\_\_  
\_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I will abide by the rules of the WCAA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury with sports and in consideration for the WCAA accepting the registrant for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify the WCAA, its affiliated organizations and sponsors, their employees, and associated personnel, including the OWNERS OF THE FIELDS and facilities used for the programs, against any claim by or on behalf of the registrant as a result of registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I accept responsibility for providing accurate uniform sizes for my child and agree to bear the cost of a replacement if the uniform provided does not fit. I also agree to volunteer for concession stand duty when asked. I understand that in signing this application, I affirm that the information given above is true and correct. WCAA may be taking photos, videos, and other images of our participants throughout the season. These images will be the property of the WCAA and may be shared with the media and posted on the internet. The WCAA is hereby granted permission to use the image of the participant without further notification. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images and/or video taken for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and websites.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make check payable to: WCAA** Before you mail, please call & tell us you've sent the form: 813 994-6633

Mail check & form to: WCAA, 5450 CR 581, #304, Wesley Chapel, FL 33544

[www.wclacrosse.com](http://www.wclacrosse.com)

[lacrosse@wcaafra.org](mailto:lacrosse@wcaafra.org)

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