

FCA Lady Falcons Girls Varsity Lacrosse Registration

Player's Name: _____ Home Phone: _____
Player's E-mail Address: _____ Player's Cell Phone: _____
Father's Name: _____ Mother's Name: _____
Home Address: _____ Apt: _____
City: _____ State: _____ Zip: _____
Parent(s) Cell Phones: _____ Cell Provider*: _____

Parent E-mail Address(es): _____
School: Home Private (circle one) School Name: _____ Grade (Spring Season): _____

Church Affiliation: _____

Player: _____ Date of Birth: _____ Height: _____ Weight: _____

Player Experience: _____ seasons Positions Played (circle all that apply): *Defense Goalie Attack Midfield*

Preferred Position: _____

- Please contact me about participation in the Winter Indoor League (check box at left)
 Please contact me about participation in Fall Tournaments (check box at left)

** Cell Provider information is used for emergency notifications (weather, late schedule changes) text messaging to players and parents. By providing your cell phone provider/carrier information you consent to receipt of emergency text messages from FCA coaches and staff. FCA Lady Falcons Lacrosse is not responsible for text (SMS) message charges from these notifications.*

**** All new players should submit a copy of the player's Birth Certificate with the completed registration form. ****

Mail the completed registration form, a \$50 registration deposit, and any supporting documents to:

***FCA Girls LAX
C/O Tim Hines
1826 Wycliffe Road
Parkville, MD 21234***

Liability Release

High School lacrosse is a competitive, physical sport. Unfortunately, injuries do occur regardless of the program or diligence of the staff, as can be seen at every level of the sport.

By signing this Liability Release, I acknowledge a full understanding of the physical and emotional demands necessary to play lacrosse, and expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities including (without limitation) travel to or from said activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Father's Signature: _____ Mother's Signature: _____

Date: _____ Date: _____

(Must be signed by all parents/legal guardians)