

BAKERSFIELD YOUTH LACROSSE

2019 REGISTRATION

League membership fees includes:

- Instruction and play for 2018 with the Bakersfield Lacrosse High School Club Team;
- A one-year membership with US Lacrosse (website: www.uslacrosse.org);
- Comprehensive secondary lacrosse insurance provided through US Lacrosse (Insurance information, including claim forms can be found at the US Lacrosse website);
- A one-year subscription to Lacrosse magazine.

2019 Fees: (Please check box)

_____ 3rd-4th Grade Boys & Girls \$100 _____ 5th-8th Grade Boys - \$170 _____ 5th-8th Grade Girls - \$110
_____ High School Boys: \$225 _____ High School Girls: \$110

Please Print

Name: _____ DOB: _____ T-Shirt Size: S M L XL

School Attending: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Email Address: _____

Parent/Legal Guardian Name(s): _____

Parent Email Address: _____

Primary Insurance Carrier: _____ Policy #: _____

Enrollment & Member Agreement (Signature of parent or legal guardian required for acceptance)

In consideration of my participation in the Bakersfield Youth Lacrosse League at all US Lacrosse sanctioned, recognized or sponsored events ("Covered Events"), I agree to the following:

Waiver and Release: I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that US Lacrosse, the Bakersfield Youth Lacrosse League, and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a Covered Event. This waiver and release shall also be for the benefit of and run in favor of any youth organization that requires participants to become members of US Lacrosse as a condition to their participation in such organization's youth lacrosse events, which shall constitute Covered Events for the purposes of this Waiver and Release, and any such youth lacrosse league shall constitute the host organization for such Covered Events.

Medical Attention: I hereby give my consent to US Lacrosse and the host organization of any Covered Event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in Covered Events.

Readiness to Compete: I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete.

Information Certification: I certify that all information provided by me in this application is true, accurate and complete and I understand that any untrue, inaccurate or incomplete statement or information will automatically invalidate my membership and all of the benefits of membership in US Lacrosse.

Code of Conduct: I agree to all terms of the US Lacrosse/Positive Coaching Alliance Code of Conduct.

SIGNATURE

As member, or as parent or legal guardian of a member under 18, I hereby verify by my signature below that I fully understand and accept each of the above conditions.

Signature: _____

Printed Name of Signer: _____ Date: _____

Fees must accompany registration form.
Make check payable to "Bakersfield Youth Lacrosse League" and mail to:
BYLL, P.O. Box 81015, Bakersfield, CA 93380