



CANBY YOUTH LACROSSE

Player Registration Form

First Name: _____ Last Name: _____
 Age: _____ Birthdate: _____ Grade: _____ School: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Email Address (NOT the parent's address): _____
 Cell Phone Number (NOT the parent's): _____

Please list parents/guardians in approximate order by those most likely to attend/transport to and from events:

Guardian #1:

Player lives mostly with this Guardian: Yes No
 First Name: _____ Last Name: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email Address: _____
 Relationship to above: _____

Guardian #2:

Player lives mostly with this Guardian: Yes No
 First Name: _____ Last Name: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email Address: _____
 Relationship to above: _____

Guardian #3:

Player lives mostly with this Guardian: Yes No
 First Name: _____ Last Name: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email Address: _____
 Relationship to above: _____

Other Emergency Contact:

Name: _____ Phone: _____
 Doctor: _____ Phone: _____

Are there any custody-related issues that could impact this player's ability to participate? Please describe:

Health/Emergency Information

Allergies or other Medical Conditions that could be relevant to an outdoor spring sport played mainly on grass including *allergies to any medications*: _____

Release for Emergency Services

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or such other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player. I understand that I, perhaps through my personal family health insurance, am responsible for any and all costs. Canby Youth Lacrosse holds no responsibility for the effectiveness of treatment nor the costs of such.

Health Insurance Company: _____

Policy Number: _____

Signature: _____ Date: _____

Equipment/Gear Needs

- I will be getting my own equipment or already have my own.
 I need to purchase equipment:
Complete Set of Gear Size: Small(\$210) Medium(\$225) Large(\$240) X-Large(\$255)

T-Shirt Size:

- Might want one size bigger than normal as it will often go over the shoulder pads

- Adult Sizes

Small Medium Large X-Large XX-Large

Players will also need a cup abd rubber-cleated shoes.

CYL-Use ONLY

Player Name: _____ Reg Fee Paid (check #): _____
Needs Gear?: Yes No Size: _____ Gear Charge (check #): _____
Date Received: Reg Form: _____ Reg Fee: _____

Receipt

Player Name: _____ Reg Fee Paid (check #): _____
Needs Gear?: Yes No Size: _____ Gear Charge (check #): _____
Date Received: Reg Form: _____ Reg Fee: _____