

RENEGADES LACROSSE

P.O. Box 144, Croton Falls, NY 10519 914.720.6832

RENEGADE LACROSSE & THE NORTH SALEM RECREATION DEPARTMENT BOYS SUNDAY MORNING FALL BALL Grades 5th thru 12th

All players will receive a t-shirt, tank top, and bumper sticker

DATES: Sundays, September 18th thru October 23rd (Rain date: October 30th)

TIME: 8:45 - 10:15am Youth Divisions (5/6th grade and 7th / 8th grade)
10:15 - 11:45am JV & Varsity Divisions (9/10th and 11/12th grade)

LOCATION: Purdys Field, North Salem, NY
(Exit 7 off 684 North at Rtes. 116 & 22)
Only 25 minutes from White Plains

COST: \$250 Make check payable to: North Salem Recreation Department
Mail check and form to: Renegade Lacrosse, Inc. PO Box 144, Croton Falls, NY 10519

For further information contact Coach Curran at bcurran7@optonline.net

PLAYER NAME _____
POSITION _____ GRADE _____ T-SHIRT SIZE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TEL# _____ CELL# _____
US LACROSSE # _____
E-MAIL _____

**Please write legibly.
This will be used for confirmation of registration.**

HEALTH INSURANCE PROVIDER _____
POLICY NUMBER _____

LIST ANY MEDICAL PROBLEMS ON BACK OF FORM

PARENT/GUARDIAN SIGNATURE _____

Waiver: I hereby release the Town of North Salem and Renegade Lacrosse, Inc., their officials, employees, and volunteers of any liability whatsoever in connection with any damages and/or injuries that my child may sustain as a result of participating in the programs of the Town of North Salem and Renegade Lacrosse, Inc. All participate at their own risk. The Town of North Salem and Renegade Lacrosse, Inc. do not carry insurance to cover hospitalization or medical costs of persons injured while participating in any athletic program. I assume FULL responsibility for my son's participation. I certify that my son is in good physical condition and can participate in the Renegades Lacrosse program. I understand that my son will be covered by my own family insurance and may be eligible for supplemental insurance with his US Lacrosse membership. Further, I hereby authorize the staff of Renegades Lacrosse, to provide medical attention, but I acknowledge that they are not required or obligated to do same, should my child require it. Such medical attention includes, but is not limited to, prevention (i.e. taping, stretching), assessment, management, and referral to an appropriate medical facility. I also grant permission for an emergency room physician to examine and manage, hospitalize or secure treatment, for my child in the event of an emergency.