

DCLAX Registration 2018

www.dclaxnc.com
dclaxgroup@gmail.com

Please register players separately.

Information provided will remain confidential. Information will be provided to DCLAX directors and coaches only for the purpose of creating teams. Your child's coach may ask permission to give this information to other team members during the season.

Age requirement:

BOYS:

U15 All players must be 14 years old or younger as of August 31st, 2017 \$125 registration fee

U13 All players must be 12 years old or younger as of August 31st, 2017 \$125 registration fee

U11 All players must be 10 years old or younger as of August 31st, 2017 \$125 registration fee

U9 All players must be 8 years old or younger as of August 31st, 2017 \$125 registration fee

GIRLS:

Girls elementary 4th and 5th grade \$125 registration fee

Girls middle school 6th thru 8th grade \$125 registration fee

Payment is due in full no later than February 9, 2018 to DCLAX. (PO Box 258 Advance NC 27006)
US Lacrosse membership is required (www.uslacrosse.org to join, \$30 membership fee)

Full and partial sponsorships are available for those families that qualify for financial assistance. If interested in scholarship, please check here_____. This will remain confidential within the DCLAX board of directors.

**Players are responsible for providing their own equipment. First year players can inquire about equipment rental. This is available on a first come, first serve basis, as we have a limited amount of equipment.

Parent(s) name: _____

Child name: _____

Child date of birth: __/__/____

Child gender: Male _____ Female _____

Jersey size: (please circle) YS YM YL YXL S M L XL

Shorts/skirt: (please circle) YS YM YL YXL S M L XL

Street Address: _____

City: _____

Phone number: _____

Cell phone number: _____

Is it OK for DCLAX to contact your cell phone via text? Yes _____ No _____

Email address: _____

Insurance Waiver, Emergency Medical Care Policy, Indemnity and Hold Harmless Agreement

Please read carefully before signing.

Welcome to Davie County Lacrosse, also known as DCLAX. For liability purposes each parent or legal guardian must sign the following form, providing their agreement to the policy for participation in any and all DCLAX games, tournaments, practices or DCLAX sponsored events.

I understand that participation in DCLAX program is voluntary and that some events may take place at visiting facilities.

By signing this form, I agree not to hold DCLAX or any other sponsoring organization or any of their members or trustees, liable for any injuries that may occur to my child while participating in activities.

I authorize the coaching staff of DCLAX to select and secure medical attention including any medical transport as may be necessary for my child as a result of injuries or other events requiring emergency care if I am not in attendance at such event.

I hereby release said coaches, organizers and members of DCLAX or any other sponsoring organization or any of their members or trustees from any and all liability on account of such selection or authorization for any and all damages which occur on account thereof.

I realize that DCLAX and its' organization do NOT provide insurance protection and that my child is playing at their own risk.

I _____ (parent printed name) agree to indemnify and hold harmless DCLAX and its' employees/volunteers/members/trustees, from and against all claims, damages, losses, and expenses, including attorney fees in case it shall become necessary to file an action arising out of performance of the work herein which is (1) for personal or bodily injury, illness or death, or for property damage, including loss of use, and (2) caused in whole or in part by _____ s'(child printed name) negligent act or omission or that of a subcontractor, or that of anyone employed by them or for whose acts contractor or subcontractor may be liable. This indemnification and agreement shall apply in all instances whether DCLAX is made a party to the action or claim or is subsequently made a party to the action by a third-party in-pleading, or is made a party to a collateral action arising in whole or in part from any of the issues emanating from the original cause of action or claim.

I have read and do understand the insurance waiver, emergency medical care policy, indemnity and hold harmless agreement herein and I agree to abide by and adhere to its' terms.

By: _____ (signature of parent/legal guardian)

Date: _____

Emergency contact number: _____

Medical Insurance/Policy #: _____