

# Dutchtown Lacrosse Club Registration Form 2011-2012 Season



**Mail Registration/Medical Forms/Fee to:**  
 Dutchtown Lacrosse Club  
 c/o Annemarie Neff  
 17406 Cherry Creek Drive  
 Prairieville, LA 70769  
 Email: atmneff@yahoo.com  
 Website: www.dutchtownlacrosse.com

US Lacrosse Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Returning Player:  Yes  No

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name Last Name Month/Day/Year

Parent/Guardian Name: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_  
Last Name First Name First Name

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone 1: \_\_\_\_/\_\_\_\_/\_\_\_\_  Mom  Dad  Home  Cell  Work

Phone 2: \_\_\_\_/\_\_\_\_/\_\_\_\_  Mom  Dad  Home  Cell  Work

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (mother): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (father): \_\_\_\_\_ Date: \_\_\_\_\_

I have read the "**Dutchtown Lacrosse Club Parent/Student Handbook**" and understand the information contained therein.

I understand that my son will be held responsible and accountable for the rules, policies, and practices contained in the handbook, including, but not limited to travel, behavior, playing time, lettering requirements and academic compliance.

I further understand that this serves as **permission for my son to participate** in the Dutchtown Lacrosse Club and all of the games, practices, scrimmages and functions of the team including travel to events in keeping with the travel policy contained in the handbook.

I further understand that this serves as permission for individuals to seek **medical care** for my son at their discretion and that they will endeavor to contact me but are encouraged to seek such medical treatment as they deem necessary whether or not I have been contacted. I also attest that my son has had a physical by a qualified and licensed healthcare provider as indicated by the signed LHSA Physical form.

I understand that, by my signature, **I release Dutchtown Lacrosse Club, its coaches, moderators, board of directors, or volunteers from any liability concerning injury or harm arising in or to my son.**

**By above Signature, I acknowledge that I have fully read and understand the handbook.**