

# 2010 Salem Keizer Youth Lacrosse League (SKYLL)

## Athletic Registration

<b>Player's Name:</b>	<b>For Office Use Only</b> Team: _____ ----- ----- Receipt # _____ Amount: _____ Payment: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card
<b>Address:</b>	
<b>Phone:</b>	
<b>Cell Phone:</b>	
<b>School:</b> _____ <b>Grade:</b> _____	
<b>Email:</b>	
<b>Player DOB:</b> _____	
<b>Jersey size</b> <i>Adult</i> <i>S</i> <i>M</i> <i>L</i> <i>XL</i>	
Please check one (Mandatory)	
<input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> Score Keeper <input type="checkbox"/> Field Prep/Setup <input type="checkbox"/> League fundraiser	

### I. ATHLETIC AGREEMENT:

The Salem/Keizer Youth Lacrosse League has a high standard of behavior for both players and parents. We expect everyone to keep the highest level of conduct while at any Salem/Keizer Youth Lacrosse League function. Any player's participation in our program is dependent and affected by the player's attitude, attendance and cooperation at all team functions. By signing this agreement I understand that I may be requested to leave the field of play or practice if I act other than in an appropriate manner. I acknowledge receipt of the Parents' Code of Conduct and agree to abide by those standards. I agree to the Salem/Keizer Youth Lacrosse League refund policy.

\_\_\_\_\_  
Parent/Guardian Signature

### II. IMAGE RELEASE:

I understand that, from time to time, the league may take photographs and video photographs of participants and parents involved in its various programs. These images are used by the Salem/Keizer Youth Lacrosse League for many purposes, including, but not limited to, advertising and fundraising. Accordingly, I hereby agree, consent and allow me and my child's likeness to be photographed or videotaped and further agree that any image or images may be published in an outlet, publication or other materials used to promote or publicize the program or any related activities or events.

\_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date Signed

### III. EMERGENCY INFORMATION:

#### Family Medical Insurance

Carrier: \_\_\_\_\_

Family Physician's name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Allergies (list): \_\_\_\_\_

Serious Medical Conditions (list): \_\_\_\_\_

I/we hereby grant consent to any/all health care providers designated by the Salem/Keizer Youth Lacrosse League to provide my child any necessary medical care as a result of any injury/illness.

This consent includes First Aid and transportation to/from health care providers. I understand that by signing this consent the Salem/Keizer Youth Lacrosse League is not responsible or liable for injuries or damages incurred while participating in this program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Emergency Contact Person

\_\_\_\_\_  
Emergency Phone Number