

# Fall Lacrosse League Registration Form

## Registration Form:

Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Position: \_\_\_\_\_ Lacrosse experience: Yes \_\_\_\_ No \_\_\_\_ Yrs. \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Short Size: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

US Lacrosse Membership #: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\*Registration Fee: \$ 135.00 *Make checks payable to Upstate Lacrosse and mail to  
Upstate Lacrosse  
294 Laurel Rd, Central SC 29630*

In consideration of your acceptance of this registration form for participation in the Upstate Lacrosse League, I hereby assume full responsibility for any injury or illness that may result in the pursuit of the activity of the league. I do hereby expressly remiss, release and forever discharge coaches and administrative staff from any and all action, suits, damages, or judgments that may result from any injury or damage that my child may sustain.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Mail Registration forms to Upstate Lacrosse, 294 Laurel Road, Central SC 29630

*\* Registration Fee includes 10 weeks of game and practice time, field rental and officials. Uniforms, equipment and additional tournament fees are extra.*

