

Girls K-2 Youth Lacrosse 2010 Spring Registration

Player Name _____

Grade _____ Emergency Contact # _____

Parent name _____

Parent name _____

Second contact # _____

E-Mail _____

Address _____

Insurance Carrier _____

Policy # _____

Spring Registration \$25/player _____

Total \$ _____

I acknowledge that Lacrosse can be a dangerous activity and agree not to hold Canandaigua Girls Lacrosse liable for any injury sustained. I also understand that I am to supply medical insurance and that Canandaigua Girls Lacrosse does not supply coverage.

Parent signature _____

Mail To: Lauren York
6231 Goodale St
Canandaigua, NY 14424