



Registration Form

Team Code: _____ Leave blank if registering as an individual

First Name: _____

Last Name: _____

Position: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

US Lacrosse ID: _____

Grade: _____

School or Club Name: _____

Payment: _____ \$65 payable to *Pennsbury Boys Lacrosse*

RELEASE/AUTHORIZATION STATEMENT

I, the undersigned parent/guardian, do hereby grant permission for my son, named above, to attend the Falcon Fall Lacrosse League. In order that my son may receive the proper medical treatment in the event that he may sustain injury or illness during the period of the above event. I hereby authorize the league staff to obtain or provide medical treatment for my son for such injury or illness during the event, and league representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while at an event with the league. If this occurs, I hereby authorize league representatives and to refer my son to a medical treatment center (hospital, etc.) I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son for physical illness or injury that he/she may sustain during the event. Understanding that there is always a possibility that my son may sustain physical illness or injury, I acknowledge and understand that my son is assuming the risk of such physical illness or injury by his participation, and I further release the league, its representatives, and league representatives from any claims for personal illness or injury that my son may sustain during the event.

Parent / Guardian Signature

Mail Payment To:
668 Stony Hill Road
MB 223
Yardley, PA 19067