





# Blue Ridge Lacrosse Club

Practice begins mid-March

## REGISTRATION FORM

\_\_\_\_\_  
**PLAYER'S NAME** **DATE OF BIRTH**

\_\_\_\_\_  
**PARENT(S) NAME(S)**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**CITY/STATE/ZIP**

\_\_\_\_\_  
**E-MAIL ADDRESS**

(\_\_\_\_\_)\_\_\_\_\_  
**PARENT CELL PHONE** **ALTERNATE PARENT CELL**

\_\_\_\_\_  
**HOME PHONE NUMBER**

### REGISTRATION FEES

#### Boys

\_\_\_\_\_ \$75 - Grades 3-4

\_\_\_\_\_ \$75 - Grades 3-4

\_\_\_\_\_ \$75 - Grades 3-4

Player's current grade \_\_\_\_\_

#### Girls

\_\_\_\_\_ \$50 - Grades 5-8

Player's current grade \_\_\_\_\_

Shirt size \_\_\_\_\_ (shirt included in registration)

#### Players must bring own equipment.

**Boys:** stick, helmet, gloves, shoulder & arm pads, mouth guard and protective cup are mandatory. (A limited amount of free equipment is available on a first-come, first-serve basis. Contact us at [blueridgelacrosse@yahoo.com](mailto:blueridgelacrosse@yahoo.com) for more information.

**Girls:** eye shield and stick

### RELEASE OF ALL CLAIMS

In consideration of the permission granted to me/my child by the Blue Ridge Lacrosse Club Board of Directors, I hereby release and hold harmless the Blue Ridge Lacrosse Club, its officers, coaches, officials and volunteers from all actions, causes of actions, damages, claims, or demand which I, my heirs, executors, administrators, or assigns may have against the Blue Ridge Lacrosse Club and/or described parties for all personal injuries known or unknown incurred by participation in this activity.

I, the undersigned, have read this release and understand all its terms.

\_\_\_\_\_  
**Signature (Parent/Guardian for youth 17 years of age and younger)** **Date**

**FOR OFFICE USE ONLY:** Amount Paid \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

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

Mail this form to BRLC, P.O. Box 12264, Lynchburg, VA 24506-2264

*Please check if you would be interested in coaching or helping out with one or more of the teams.*