

Idaho Falls Lacrosse Club, Inc.

P.O. Box 3500

Idaho Falls, ID 83403



Player Information

First Name:		Last Name:	
Address:			
City:		State:	Zip:
Home Phone # :		Cell Phone # :	
Player e-mail address:			
Date of Birth:	Sex: Male / Female	Height:	Weight:
School:		Grade: 5 6 7 8 9 10 11 12	
Mother's Name:		Cell # :	
Mother's e-mail address:			
Father's Name:		Cell # :	
Father's e-mail address:			

Registration Fees: \$50.00/Boy's **\$25.00/Girl's** due before the official start of the 2010 season.
Equipment rental, and deposit fees are separate from the registration fee.

PARTICIPATION AGREEMENT:

I hereby register my child listed above for the Idaho Falls Lacrosse Club, Inc. 2010 Lacrosse season. Volunteer coaches will direct him in all lacrosse program activities. By signing below, I acknowledge that my child has no medical or emotional problems that may affect his ability to safely participate in the Lacrosse program. I also authorize IFLA volunteers to attend to any health problems or injuries my child may incur while participating in the Lacrosse program. I also give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for the above minor as his legal guardian. This care may be given under any condition deemed necessary to preserve the life, limb, or well being of the above minor. I recognize that limited insurance is provided to my child after registering with US Lacrosse and that any additional coverage is my responsibility. I recognize that my child is at risk of receiving a severe or crippling injury, even death, while playing lacrosse. I agree that the Idaho Falls Lacrosse Club Inc. coaches, officials, players and volunteers will not be liable for any injury to my child while participating in the program.

Player's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

VOLUNTEERS NEEDED In order to successfully run our program, Volunteers are required. We are always looking for parents to help. Your commitment is often minimal, yet its impact makes a huge difference and is appreciated by all. Please initial next to a duty you would like to volunteer for below. If you are unable to volunteer, IFLA will accept a donation of \$25.00 as an alternative. Thank you again for your support.

Coach	Picnic	Safety Officer
Scorer Table	Fund Raising	Carpool Organizer
Time Keeper	Promotions	Web site/IT help
Field Set Up	Travel Coordinator	Jr High game scheduler
Practice Chaperone	Sideline Manager	Registration Help

Check # _____ \$ Paid _____