

TRYOUTS



**COME JOIN THE ALLSTAR
LACROSSE TEAM !!!!
FINGER LAKES FALCONS**

- **5TH & 6TH Grade Boys**
- **3RD & 4TH Grade Boys**

VOLUNTEER COACHES NEEDED

Place: Phelps Community Center

□ **[www. Phelpsny.com](http://www.Phelpsny.com)**

Tryouts:

August 12Th

10:00-12:00

**Team will run from August 2017- July
2018**

CONTACT: BILL at 315-548-8484

EMAIL: BILL@PhelpsCC.org



Finger Lakes Falcons Boys Lacrosse Team

REGISTRATION FORM Full Name	
School Name	
Grade	
Position (Attack, Midfield, Defense, Goalie)	
Date of Birth	
US Lacrosse Member #	
US Lacrosse Member Expiration Date	
Parent/Guardians Names	
Home Street Address	
City, ZIP	
Email Address (Checked Often)	
Home Phone #	
Jersey Size	

Request for Permission: I, the above referenced youth athlete's parent/guardian, hereby register my child to participate in the above listed activity. **Assumption of Risk of Injury:** I acknowledge and understand that there is a risk of injury involved in athletic participation. I understand that my child will be under the supervision and direction of a Phelps Community Center. I agree to follow the rules for the sport and the instructions of the coach in order to reduce the risk of injury to my child and other athletes. However, I acknowledge and understand that the coach can't eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my child's participation in the Lacrosse League. **Release:** In consideration of the Phelps Community Center allowing my child to participate in sports league, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the Phelps Community Center, and their respective staff, agents, employees, directors, members, officers and other staff members from liability to us and our child, as well as personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in PCC league, activities, field trips or the above-described sports camp; and do hereby expressly assume the risk of injury associated with participation in said sports activities. **Photographs:** Photographs will occasionally be taken of the children during the sports activities. By signing this registration form, I consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to me or my child. **Parent Initials:** _____

Transportation: Parents are responsible for providing transportation for their child to and from League. **Certification of Child's Fitness and Medical Authorization:** I, the undersigned, hereby certify that to the best of my knowledge, my child is physically able to safely participate in the sports activity for which he or she has been registered. In addition, I understand that in the case of the illness or injury of my child the Center will try to notify me or the emergency contact listed on this form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Center officials or my child's coach to obtain the necessary medical care and/or treatment for my child, including, but not limited to first aid, X-ray Examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or Treatment.

Name of insurance company: _____ **Insurance Policy Number:** _____

IN WITNESS WHEREOF, I have executed this Permission, Waiver/Release and Medical Certification for with full knowledge of its contents on this the _____ / _____, 20_____.

Parent/Guardian Signature and Print Parent/Guardian Name

PLAYERS NEED to Have: Their own Equipment, and Insurance

REGISTRATION FEE: Based on 13-20 Player Team Rosters; includes League, Tournament fees/ administrative fees. \$265.00 Full payment is due by August 26th. Players Need to provide their own lacrosse insurance through US Lacrosse. Playing time is based on ability of Participants

Please make checks payable to "Phelps Community Center".