



113 West University Parkway • Baltimore, MD 21210-3300
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League Registration Form

Member ID# (if renewing and known) _____

Name: _____ D.O.B: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Email address: _____

Select a Membership Category and Level:

Player:

- Male Female
- Youth: 15 and under - not H.S. player
 High School: 18 and under
 Adult: Ages 18+
 Collegiate Post Collegiate

** USL membership is typically included with league registration. Check with your program to see if it's been included.*

Grade in School: _____

Medical Problems if any: _____

T-shirt/Jersey size: _____

Shorts/Pants/Kilt size: _____

Preferred jersey number if any: _____

Position (1st choice): _____

Position (2nd choice): _____

Position (3rd choice): _____

Parent(s)/Guardian available for volunteer work on:
 Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Day or evening (circle all that apply)

Parent/Guardian names: _____

Emergency Contact: _____

Relationship to Participant: _____

Phone: _____

For multiple family members registered with US Lacrosse, check box if you would like one magazine per household.

Coach:

Youth/Assistant/Club/JV (Check all that apply, but at least one for each line)

Level: Youth Assistant Club JV

Gender: Men's Women's Both

Head (School-recognized High School or College) (Check all that apply, but at least one for each line)

Level: High School College

Gender: Men's Women's Both

Choose *one* Rulebook

Men's NCAA Boys Federation Women's NCAA Women's USL

ENROLLMENT FORM AND MEMBER AGREEMENT

Participants over 18 or a Parent/Guardian signature is required to process membership.

Insurance Information

All categories except "Fan" include comprehensive secondary lacrosse insurance and must sign below. Insurance information, including claim forms, can be found on our website: www.uslacrosse.org.

In consideration of my membership in US Lacrosse, and my participation in US Lacrosse sanctioned, recognized or sponsored events ("Covered Events"), I agree to the following:

- 1. Waiver and Release:** I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that US Lacrosse, the host organization and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a Covered Event. This Waiver & Release shall also be for the benefit of and run in favor of any youth organization that requires participants to become members of US Lacrosse as a condition to their participation in such organization's youth lacrosse events, which shall constitute Covered Events for purposes of this Waiver & Release, and any such youth lacrosse league shall constitute the host organization for such Covered Events.
- 2. Medical Attention:** I hereby give my consent to US Lacrosse and the host organization of any Covered Event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in Covered Events.
- 3. Readiness to Compete:** I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete.
- 4. Information Certification:** I certify that all information provided by me in this application, including without limitation my membership category, is true, accurate and complete and I understand that any untrue, inaccurate or incomplete statement or information will automatically invalidate my membership and all of the benefits of membership in US Lacrosse.
- 5. Code of Conduct:** I agree to all terms on the reverse side of this form (refers to accepted US Lacrosse/Positive Coaching Alliance Code of Conduct).

Participant Primary Medical Insurance Carrier is:

Policy Number: _____

Every member must sign below:

If participant is under 18, then a parent or legal guardian of this participant must sign.

As member, or as parent or legal guardian of a member under 18, I hereby verify by my signature below that I fully understand and accept each of the above conditions.

Signature: _____

Date: _____

Printed Name of signor: _____