

2022 Hard Knox Lacrosse Hardin County Lacrosse Player Registration & Waiver



Player Information

Last Name: _____ First Name: _____
Street Address: _____ Gender: _____
City: _____ State: _____ Zip: _____
Phone: _____ Birthdate: _____
Player Email Address: _____ Parent Email address: _____
Parent(s) Name(s): _____ Phone(s): _____
Emergency Contact (Check if same as above ☐): _____ Phone: _____
List Medical Conditions: _____
Doctor's Name: _____ Phone: _____
US Lacrosse Membership #: _____ Expiration Date: _____
School: _____ Grade: _____ Height: _____ Weight: _____

Hardin County Lacrosse Club. In consideration of permission granted my child by the Hardin County Lacrosse Club, to participate in its Lacrosse Program, I hereby release and discharge Hardin County Lacrosse Club, its' directors, officers, coaches, volunteers and agents from any and all claims, demands, actions, judgments, and executions which I or my child ever had, or now have, or which my or my child's heirs, executors, administrators, or assigns, may have, or claim to have, against Hardin County Lacrosse Club, its successors or assigns, for all personal injuries, known or unknown, and injuries to property, caused by or arising out of, the activities sponsored by, administered by, or otherwise involving Hardin County Lacrosse Club.

I verify that my child is a current US Lacrosse member and that I will renew his or her membership before it expires. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. Register at <http://www.uslacrosse.org/> and select "Membership".

Parent or Guardian signature: _____ Date: _____

Consent for medical treatment of a minor

As the parent or legal guardian of the above-named player, I hereby consent to emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent or guardian signature: _____ Date: _____

REGISTRATION FEE: \$115.00

Received By: _____ Date: _____

_____ Cash or _____ Check Number