



**PARKWAY PIRATE YOUTH LACROSSE**  
**BOYS & GIRLS\* 2010 REGISTRATION FORM**  
[www.parkwaylacrosse.com](http://www.parkwaylacrosse.com)

**PLAYER INFORMATION**

**Returning Player** or **New Player** (Please circle one)

**Boy or Girl (\*U-9 or U-11 only)** (Please circle one)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_  
 Address: \_\_\_\_\_ Primary E-Mail Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phones: \_\_\_\_\_

**Primary Number to call in event of cancellation or emergency:** \_\_\_\_\_

**Tee-Shirt Size** \_\_\_\_\_ **Shorts Size** \_\_\_\_\_

**MEDICAL INFORMATION**

Insurance Company: \_\_\_\_\_  
 Policy Holder: \_\_\_\_\_ Subscriber No.: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there any health condition (e.g. allergies, medications, prior injuries, etc.) that the Parkway Lax coaching staff should know about? \_\_\_\_\_

**PARENT INFORMATION**

All U-15, U11 and U13 players are strongly encouraged to attend all practices and games. This is very important so that we can field teams and not forfeit games. In fairness to all that do attend, coaches reserve the right to adjust playtime based on this policy. Please check your schedules to insure that there are minimal conflicts with other sports etc.

Parkway Lax is a non-profit organization operating for the enjoyment and athletic development of your children. We rely and encourage parents to volunteer. Individuals interested in coaching or becoming assistant coaches will have ample opportunity to learn specifics of the game. Both Parkway Lax and MBYLL offer quality coaching education that you can take advantage of. Please refer to the web-site for more information: [www.parkwaylacrosse.com](http://www.parkwaylacrosse.com)

**Please indicate your area of interest.**

Field Maintenance: \_\_\_\_\_ Coaching: \_\_\_\_\_ Fund Raising: \_\_\_\_\_  
 Timer/Scorekeeper: \_\_\_\_\_ Newspaper articles: \_\_\_\_\_  
 Parents/Guardians first names: \_\_\_\_\_

**REGISTRATION FEE**

U-9/U11/U13/U15 Fee: \$135.00

\$300 maximum per family

**Make checks payable to: Parkway Youth Lacrosse**

**PO Box 320112, West Roxbury, MA 02132**

\*\*Separate US Lacrosse form must accompany this form-Send to Parkway Lax (available online) \*\*

**DO NOT PAY US LAX FEE- INCLUDED IN PARKWAY FEE**

**CONSENT TO PLAY AND LIABILITY RELEASE**

I hereby give permission for \_\_\_\_\_ to participate in the Parkway Youth Lacrosse Program. I acknowledge that lacrosse is a high-speed sport, which may involve some contact. I give permission to provide medical assistance to my child in case of accident or injury. I agree to hold harmless Parkway Youth Lacrosse and any individual working as a volunteer or in an official capacity for any of these organizations; for any and all causes of actions or claims for personal injuries or property damage, arising from my child's participation in this program.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Internal Use: Date received: \_\_\_\_\_ US Lax Form \_\_\_\_\_ \$\$ \_\_\_\_\_ Team: U15 \_\_\_ U13 \_\_\_ U11 \_\_\_ U9 \_\_\_  
 Comment: \_\_\_\_\_