



RENEGADES LACROSSE

P.O. Box 144, Croton Falls, NY 10519 914.720.6832

RENEGADE LACROSSE & THE NORTH SALEM RECREATION DEPARTMENT

2009 SUNDAY MORNING FALL BALL Middle School and High School

- DATES:** Sundays, September 13th thru October 18th
- TIME:** 8:45 - 10:15am Middle School (6th, 7th & 8th grade)
10:15 - 11:45am High School
- LOCATION:** Purdys Field, North Salem, NY (Exit 7 off 684 North/ Rts. 116 & 22)
- COST:** \$150
Make check payable to: North Salem Recreation Department
Mail check to: Renegade Lacrosse, Inc. PO Box 144, Croton Falls, NY 10519

For further information contact Coach Curran at bcurren7@optonline.net

PLAYER NAME _____

POSITION _____ GRADE _____ T-SHIRT SIZE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TEL# _____ CELL# _____

US LACROSSE # _____

E-MAIL _____ @ _____

HEALTH INSURANCE PROVIDER _____

POLICY NUMBER _____

LIST ANY MEDICAL PROBLEMS ON BACK OF FORM

PARENT/GUARDIAN SIGNATURE _____

I hereby release the Town of North Salem and Renegade Lacrosse, Inc., their officials, employees, and volunteers of any liability whatsoever in connection with any damages and/or injuries that my child may sustain as a result of participating in the programs of the Town of North Salem and Renegade Lacrosse, Inc. All participate at their own risk. The Town of North Salem and Renegade Lacrosse, Inc. do not carry insurance to cover hospitalization or medical costs of persons injured while participating in any athletic program. I assume FULL responsibility for my son's participation. I certify that my son is in good physical condition and can participate in the Renegades Lacrosse program. I understand that my son will be covered by my own family insurance and may be eligible for supplemental insurance with his US Lacrosse membership. Further, I hereby authorize the staff of Renegades Lacrosse, to provide medical attention, but I acknowledge that they are not required or obligated to do same, should my child require it. Such medical attention includes, but is not limited to, prevention (i.e. taping, stretching), assessment, management, and referral to an appropriate medical facility. I also grant permission for an emergency room physician to examine and manage, hospitalize or secure treatment, for my child in the event of an emergency.