



# Delray Riptide Lacrosse Registration

I am interested in sponsoring my child's team: YES  NO

Please visit our website for further information: [www.DelrayLacrosse.com](http://www.DelrayLacrosse.com)

Office Use Only
Date Paid
Amount Paid
Payment Type

Last Name	First Name	MI	Gender	Birthday
				/ /
Nickname	School			Grade
	N/A			N/A

Parent's/Guardians' Name
N/A

Home Address	City	Zip Code

Home Phone	Work Phone	Cell Phone	Email

Emergency Contact	Phone Number

My child is signing up for the following age group: <i>(check one)</i>
Mens Club Level fee \$150 _____
Riptide Volunteer fee \$120 _____

I am interested in volunteering in the following: <i>(please check)</i>	
Coach	<input type="checkbox"/>
Assistant Coach	<input type="checkbox"/>
Committee Volunteer	<input type="checkbox"/>

### Consent, Release and Indemnity Agreement

I, the undersigned, for and in consideration of providing the above named child with the opportunity to participate in the Delray Beach Riptide Lacrosse program (dba Delray Beach Soccer Club), do hereby unconditionally release and agree to indemnify and hold harmless the Delray Riptide Youth Lacrosse League, and any person, coach, volunteer or entity employed by or associated with any of them from any and all claims for personal injury, death, property damage or any type of claim or damage (including, but not limited to attorney's fees and litigation expenses) resulting from or arising from participation. The undersigned represents that the child named above is physically and psychologically able and prepared to participate in the sport of lacrosse, and understands and accepts the fact that sports, including lacrosse, involve risks of injury or worse, which risks the undersigned understands and does hereby voluntarily and knowingly assume.

Signature \_\_\_\_\_ Date \_\_\_\_\_

