

CLUB USE, ONLY	Reg Fee Pd\$ _____	Cash/Check# _____	Playing Grade _____
	Yr Last Played LAX _____	Returning Player Y N _____	Team & Division _____

RANCHO COTATI LACROSSE CLUB

P.O. Box 703, Cotati, CA 94931 (707)792-2909 Website: www.Rancholax.com

PLAYER'S INFORMATION (Please print legibly)

Last Name: _____ First Name: _____ Date of Birth: _____
 Address: _____ City: _____ Zip: _____
 Phone No: _____ Cell Phone No: _____ Other Guardian: _____

Mother's Full Name (please print) _____ Father's Full Name (please print) _____
 E-mail (Required): Mother: _____ Father: _____

Parental Authorization: I, the parent/legal guardian of the above named child, hereby give approval to his/her participating in any and all of the activities of the **Rancho Cotati Lacrosse Club (RCLC)** during the current season. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further hereby release, absolve, indemnify and hold harmless **RCLC**, the organizers, sponsors, and the supervisors, any or all of them. In case of injury to my child, I hereby waive all claims against the organizers, sponsors, or any of the supervisors appointed by them. I likewise release from responsibility any person transporting my child to or from the activities.

Bad Checks: I agree to pay a fee of \$20 for any check issued to the Club that is returned to the Club by its bank as unpaid. This is to cover any bank charge and the normal cost of handling the item. If the \$20 fee is not paid, I understand my child may not play in the Club.

Refund Policy: No refunds will be issued unless approved, under special circumstances by the Board.

Set-up/Clean-up: I understand that it is my responsibility to assist in field prep and clean-up when assigned.

Violence: Physical violence, taunting, or any action which may provoke physical violence, by anyone during a **RCLC** function, will be sufficient cause for the Club to exclude that person(s) from future participation or attendance at any **RCLC** game or activity.

Photographs: I agree that photographs of **RCLC** players taken by or on behalf of **RCLC** are the property of **RCLC** and may be used by **RCLC**, only, for any purpose, including, without limitation, publicity and advertising and I hereby consent to such use. Any photographs, videos, or the like taken personally by any others will not be used for any means especially profit without **RCLC**'s written permission.

Parent/Guardian Signature _____
Date

MEDICAL AUTHORIZATION

Player's Name: _____ Age Now: _____ Birthdate: _____ Sex: M/F
 Doctor's Name: _____ Phone No: _____
 Known allergies and/or disabilities: _____ Date of Last Tetanus: _____
 Insurance Carrier/Policy No.: _____
 Dentist's Name: _____ Phone No.: _____

MEDICAL RELEASE: I hereby authorize **RCLC** or its authorized representative to consent to any emergency medical or surgical care which may be deemed necessary for my child named above while under Club supervision. This authorization will remain in effect from this day through June 30, 200___. I understand reasonable attempts will be made to contact me before use of this consent is made.

Parent/Guardian Signature: _____ Date: _____
 Address, City, Zip: _____
 Home Phone No: _____ Work No: _____ Cell No: _____