



Falcons Lacrosse Club

Spring 2012

Player Registration

1) Register online with US Lacrosse at www.uslacrosse.org. Cost is \$25 for youth and middle school (boys and girls). Note your US Lacrosse number and log it on this form in the place provided. This is mandatory.

2) Complete this form and write a check payable to the **Falcons Lacrosse Club** for the amount shown in the fee schedule below. Mail the form to Falcons Lacrosse Club, 4509 Rosemont Court, Middletown, OH 45042 by **January 8, 2012**.

Level	Coach	Home Phone	Cell Phone	Email
High School Boys	Phil Keegan	513 420 9001	513 304 3839	Dudekeegan@aol.com
Girls (all levels)	Scott Ricke		513 267 4125	sricke@cinci.rr.com
Boys Middle School	Tim Wyatt	937 746 8661	513 266 1372	atwyatt@aol.com
Boys Youth (K-6)	Steve Helmecamp	513 755 3191	513 889 9392	shelmecamp@roadrunner.com

Team	Fee	Reuse Red Jersey?	Reuse Pants?	Total Due
Middle School Boys	\$165	N/A	N/A	\$165
Middle School Girls	\$120	N/A	N/A	\$120
Youth Boys (K-6)	\$110	N/A	N/A	\$110
Youth Girls (4-6)	\$110	N/A	N/A	\$110

Player and Parental Information

Player	Name:	Email:	Cell:	US Lax No. & Expiration Date:
	Grade & School:	Birth Date:	Jersey Size:	Shorts/Skirt Size:
	Street Address:	City and Zip:	Home Phone:	Other Sports Played:

Father	Name:	Email:	Cell:	Home Phone:
Mother	Name:	Email:	Cell:	Home Phone:

*(Please read this section carefully, signature and date **REQUIRED**)*

Medical / Liability Release:

I hereby release and discharge Falcons Lacrosse Club (FLC), Fenwick High School, John XXIII Elementary School, Middletown Sports Complex, and the US Lacrosse organization, its officers, coaches, sponsors, and representatives from any and all obligations and/or liability resulting from accidents, injuries, or otherwise occurring as a result of my child's participation in or attendance at any FLC activity. In the event that my child becomes ill or injured during any FLC activity, its officers, coaches, and representatives have my permission to have reasonable adequate medical services provided to my child, including the transportation to an appropriate emergency medical facility.

Parent Guardian Signature: _____ **Date:** _____

