



**Bellevue Girls Lacrosse Association**  
**2010 Summer Session Registration Form**  
**High School (Grades 9 and higher, Fall 2010) / \$75**  
**Middle School (Grades 6-8 , Fall 2010) / \$60**  
 Registration, Medical Release & Concussion Awareness

**PLAYER INFORMATION**

|   |   |
|---|---|
| Name (Last, First)  | Home Address (Street)                     |
| Date of Birth   | City <span style="float:right">Zip</span> |
| School Attending <span style="float:right">Current Grade</span> | Phone #s (work, home, cell)               |
| Father or Guardian (Print)                                      | Mother or Guardian (Print)                |
| Medical Insurance Company                                       | Policy #                                  |
| Name of Family Physician  | Phone #                                   |

**MEDICAL HISTORY**

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Allergies<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Bleeding Tendencies<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Dental Braces/Bridges<br><input type="checkbox"/> Repeated bone or joint injuries | <input type="checkbox"/> Fractures within the past year<br><input type="checkbox"/> Glasses/Contacts<br><input type="checkbox"/> Head injuries within past year<br><input type="checkbox"/> History of heart murmur<br><input type="checkbox"/> Kidney diseases or infections | <input type="checkbox"/> Seizures or fits<br><input type="checkbox"/> Serious illness<br><input type="checkbox"/> Sickle cell tendency<br><input type="checkbox"/> Surgery within the past year<br><input type="checkbox"/> Other |
| Last Tetanus shot (date)   | Current medication  |   |

**PARENT OR GUARDIAN AUTHORIZATION TO PARTICIPATE**

I/We, the parent(s) or guardian(s) of the above named applicant to Bellevue Girls Lacrosse Association, hereby give my/our approval to said applicant's participation in any and all Bellevue Girls Lacrosse Association activities during the current season. I/We assume all risks and hazards incident in such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and hold harmless the Bellevue Girls Lacrosse Association, its volunteers, sponsors, supervisors, participants and any person transporting the applicant, except to the amount covered by accident or liability insurance. I/We will furnish a certified birth certificate of the applicant upon request of the Bellevue Girls Lacrosse Association. I/We agree to be financially responsible for Bellevue Girls Lacrosse Association equipment issued to the applicant other than normal wear and tear or breakage that may occur in practices and games. I/We will reimburse the Bellevue Girls Lacrosse Association for the loss and or damage of equipment. I/We approve the use of photos & images of the above-named applicant in promotional materials of the Bellevue Girls Lacrosse Association. I/We certify that to the best of my knowledge, all of the above information is accurate and correct and that any false information may be cause to disqualify the applicant.

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Father or Guardian Signature<br>X | Mother or Guardian Signature<br>X |
|-----------------------------------|-----------------------------------|

**INSURANCE DISCLOSURE**

Each player will also have additional secondary insurance through their US Lacrosse membership (membership must be current through August 31<sup>st</sup>, 2010).

Please Fill In:      US Lacrosse # \_\_\_\_\_      EXP \_\_\_\_\_

|  |                                   |
|--|-----------------------------------|
| <b>EMERGENCY MEDICAL RELEASE</b>   |                                   |
| I/We the parents or guardians of the applicant, give my/our permission for any emergency treatment by any qualified individual, necessary either on the practice fields or game fields. I/We authorize any hospital and or physician to perform emergency treatment for any injuries resulting from any authorized Bellevue Girls Lacrosse Association function, including transportation to and from said function. This release expires on Dec. 31, 2010 |                                   |
| Father or Guardian Signature<br>X  | Mother or Guardian Signature<br>X |
| <b>CONCUSSION AWARENESS:</b> I have read the Concussion Awareness form, understand it, and agree to abide by its guidelines.   |                                   |
| Player Signature<br>X  | Guardian Signature<br>X           |
| <u>Parent/Guardian email</u><br><br><u>Player email</u><br><br><u>Player Phone # (for text message)</u>  |                                   |

To donate: contact treasurer Gail Wolz at [fgaswolz@aol.com](mailto:fgaswolz@aol.com)

[www.belax.org](http://www.belax.org)

\*\*\*\*\*FOR OFFICIAL CLUB USE ONLY\*\*\*\*\*

|                                      | AMT RCVD | DATE  |
|--------------------------------------|----------|-------|
| PLAYER                               |          |       |
| Registration (HS): \$75 PAID IN FULL | _____    | _____ |
| Registration (MS): \$60 PAID IN FULL | _____    | _____ |

**Make Checks Payable to: Bellevue Girls Lacrosse Association**

**Mail to: Gail Wolz, 6202 113<sup>th</sup> PL SE, Bellevue, WA 98006 ([fgaswolz@aol.com](mailto:fgaswolz@aol.com))**