



2018 OLD NORTH STATE LACROSSE SUMMER
PLAYER APPLICATION FORM
U11, U13, JV and Varsity

APPLICATION INSTRUCTIONS: PRINT or TYPE - Please fill out this Player Application Form and mail it directly with the fees (**make checks payable to ONS Lacrosse**) to the office address listed below. Please send the completed Player Application Form and payment as per the due dates listed below.

PLAYER'S NAME: _____

PLAYER'S CELL #: () _____ - _____

PLAYER'S E-MAIL: _____

FATHER'S NAME _____

FATHER'S CELL #: () _____ - _____ **EMAIL:** _____

MOTHER'S NAME: _____

MOTHER'S CELL #: () _____ - _____ **EMAIL:** _____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

SCHOOL: _____

COACH: _____

BIRTH DATE: _____ **GRADE:** _____

EXPERIENCE: Seasons played: _____

POSITION: (Circle) Attack Midfield Defense Goalie Long Pole Mid Face Off

DIVISION: (Circle) **U11 U13 JV Varsity** (Age group based on spring 2018)

FEE: \$550 All fees include tournament fees, coaches salaries, field rental and insurance. Uniforms are an additional \$90 (shorts, jersey, shooter shirt). You may order additional items at \$30 per piece. (Same uniform as 2017)

\$100 (+ uniform fee) due 2/1/18 \$225 due 4/1/18 \$225 due 5/1/18

DISCOUNT-DEDUCT \$25 FOR EACH ADDITIONAL CHILD,

(Please complete all boxes that apply)

(REQUIRED) US LACROSSE MEMBERSHIP # _____

(For insurance purposes)

HEALTH INSURANCE CARRIER _____
POLICY # _____

TOTAL FEE ENCLOSED _____ **CHECK NUMBER** _____

Mail Application and fee to:
Old North State Lacrosse
PO Box 2254
Jamestown, NC 27282
336-707-8537 (Mobile)
mglacrosse@triad.rr.com

PARTICIPANT OR PARENT/GUARDIAN AGREEMENT

I, and/or the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Old North State Lacrosse Club. Recognizing the possibility of physical injury associated with Lacrosse, I hereby release, discharge and/or otherwise indemnify the Old North State Lacrosse Club, Coaches, Club sponsors, their officers, staff, employees and all associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the Club. As the parent or legal guardian of the participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent. I understand that the Old North State Lacrosse Club does not supply insurance to its participants, that medical coverage is the responsibility of each participant.

DATE: _____ **PARENT/GUARDIAN SIGNATURE:** _____

PRINT NAME HERE: _____

DATE: _____ **PARENT/GUARDIAN SIGNATURE:** _____

PRINT NAME HERE: _____

PARTICIPANTS SPECIAL MEDICAL CONDITIONS:

	<u>UNIFORM INFORMATION</u>	Adult ___ Youth ___
<u>Jersey Size:</u>	2XL ___ XL ___ L ___ M ___ S ___	
<u>Shooter Shirt Size:</u>	2XL ___ XL ___ L ___ M ___ S ___	
<u>Short Size:</u>	2XL ___ XL ___ L ___ M ___ S ___	