ARROW EXPRESS SPORTS
REGISTRATION FOR JUNIOR ARENA LACROSSE LEAGUE

Jr ALL fee would be $175(for WLL players)

PLAYERS NAME: _____

PLAYERS BIRHTDATE: _____

JERSEY SIZE_____SHORTS SIZE: _____

JERSEY #(PICK 3): ____ ____ ____

FULL ADDRESS: _____

_____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE#: _____

PARENT/GUARDIAN EMAIL: _____

CIRCLE ONE: PLAYER or GOALIE

CIRCLE ONE PLAYERS SHOOTING HAND: left or right

Player's signature _____
(If player over 18)

Parent's signature: _____
(If player under 18)

***BE SURE TO SIGN WAIVER ON PAGE 2**

Participant Waiver & Release Form

Participant Name:_____

In consideration of my child's, or my own participation in the Junior ALL, I agree to the following:

Waiver & Release: I am fully aware of and appreciate the risks, (including the risk of catastrophic injury, paralysis, even death), as well as other damages and losses, associated with participation in the Junior ALL. I further agree on behalf of myself, my heirs and personal representatives, that the Junior ALL staff, the league approved venues and its corresponding cities, along with the coaches, instructors, volunteers, employees, agents, sponsors, officers and directors of these organizations, shall not be liable for any injury, loss of life, or loss or damage occurring as a result of participation in the Junior ALL.

Medical Attention: I herby give my consent to the volunteer Medical Trainer Staff of the Junior ALL to provide through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in the Junior ALL including sponsored or sanctioned events.

For any participant who is not currently 18 years of age or older: (Parent/Guardian signature required)
As a legal guardian of this participant, I herby verify by my signature below that I have read and fully understand each of the conditions under the Participant Waiver & Release section for permitting my child or myself to participate in the Junior ALL, sponsored events or activities, and I accept each of the conditions, both the waiver and release set forth in paragraph one, as well as the Medical Attention consent set forth in paragraph two.

_____
Printed Name of Parent/Guardian OR Player if over 18

_____
Signature of Parent/Guardian OR Player if over 18

_____
Date Signed