



**2010 Registration Kingston Silver Lake
Youth Lacrosse**

Boys Teams: U15 7&8; U13 5&6; U11 3&4 grade teams

Fees: \$165 per player ~ \$130 2nd sibling ~ \$340 per family

Will your player reuse the 2009 uniform shirt and shorts? _____ If yes deduct \$25 from fee

Girls Teams: U13 5&6; U11 3&4 grade teams

Fees: \$130 per player ~ \$115 2ND sibling

Boys & Girls Instructional Program: K, 1 & 2 grade

\$55 per player/ \$40 for each sibling

ALL FEES INCLUDE THE US LACROSSE MEMBERSHIP FEE

Make checks payable to: Kingston Youth Lacrosse, 164-I Summer St #261 Kingston, MA 02364

Teams filled on a first come first serve basis with paid registration ~ players subject to waiting list

Registrar: Dot Landry phone# 339-832-0862 or email @ Softy.1@comcast.net

Player Information:

Date: _____ Boy _____ or Girl _____

Name: _____

Address: _____

Date of Birth: _____

Grade entering Sept 2009: _____

Phone number: _____

Lacrosse experience: _____

Medical Conditions? _____

Parent/Legal Guardian Information:

Name(s): _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Can be added to the KYSO email list? _____

Unless otherwise requested and age permitting, siblings will be placed on the same team. Also, if a parent coaches, their child(s) will be assigned to their team. As the parent(s)/legal guardian(s) of the above named registrant/player in the Kingston/Silver Lake Youth Lacrosse MBYLL program/league, I hereby give him/her permission to participate. I/we have read this registration form and any other documents provided and agree to and understand all aspects of them. I/we understand that lacrosse is a contact sport in which injury, even serious injury and possible death may occur. I release, agree to indemnify and hold harmless Kingston Youth Lacrosse, Silver Lake Lacrosse and the MBYLL, their staffs, volunteers, members, officers, coaches, assistant coaches and coordinators from all liability and any and all damages associated with my child(s) participation in this organization and league. I assume full responsibility for my child's mental and physical well being and any and all medical costs resulting from participation in this league and program through my insurance provider or my own resources. I understand that my child's registration is non-transferable to another player or season.

Parent/Legal Guardian signature: _____ Date: _____

CREDIT CARD NUMBER: _____ EXP DATE _____

DO NOT WRITE IN THIS SPACE BELOW

PAID: (Y/N) _____ AMOUNT: \$ _____ CHECK # _____

LEVEL OF PLAY ASSIGNED: _____ COACH: _____

REGISTRATION AND US LACROSSE FORMS MUST BE COMPLETED AND SIGNED IN ORDER TO PLAY