



PLANO WILDCAT LACROSSE

"A Winning Tradition Since 1991"

Plano Lacrosse Association • P.O. Box 865035 • Plano, Texas 75086-5035

Player Registration Form

PLAYER INFORMATION

Name (Last, First)

Date of Birth (mm/dd/yyyy)

Age

Address

City, Zip Code

Home Phone

Player email

School

Grade

PARENT INFORMATION

Mother (Last Name, First Name)

Father (Last Name, First Name)

Cell Phone

Work Phone

Cell Phone

Work Phone

email

email

INSURANCE INFORMATION

Insurance Carrier

Employer

Name of Primary Insured

Insured Player Name

Insurance Carrier

Employer

Policy Number

Effective Date

Insurance Requirements: The player named above ("The Player") understands and agrees that primary medical insurance is required to be provided by The Player for the period ("Period") from execution of this Proof of Insurance through the end of the season for which The Player is registering, in conjunction with The Player's participation in any field lacrosse playing activity (including without limitation, practices, scrimmages, training sessions and league regular-season, playoff, tournament and all-star games).

Change in Insurance Status: In the event that The Player's primary medical insurance coverage terminates during this period, The Player agrees to immediately withdraw from participation in all playing activities and notify the Plano Lacrosse Association of the change in insurance status.

Failure to Provide Insurance: No member club may permit any Player to participate in any lacrosse playing activity (including without limitation, practices, scrimmages, training sessions and league regular-season, playoff, tournament and all-star games) until and unless the League/Association has received Proof of Insurance in accordance with its rules and regulations.

I acknowledge and agree to these terms and conditions and authorize the above named insurance company to provide the League/Association with all information necessary to verify my medical coverage.

Name of Player

Name of Insured

Signature

Date

Signature

Date



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Amateur Athletic Waiver and Release of Liability

In consideration for being allowed to participate in any way in the Plano Lacrosse Association athletic program, related events and activities, the undersigned acknowledges, appreciates and agrees:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Plano Lacrosse Association, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name

Age

Participant's Signature

Date Signed

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his release as provided above, of all the RELEASEES, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the RELEASEES from any and all liabilities incident to you minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES.

Parent/Guardian Name

Parent/Guardian Signature

Date Signed