

DRVSA Girls Lacrosse Registration Form

Complete All Information in This Section:

Family ID (or New): _____

Player Information:

Name: _____ **Birthdate:** _____ **Sex:** _ _

Parent/Guardian Information:

Name: _____

Address: _____

City: _____, **State:** _____ **Zip Code:** _____

Township/Boro: _____

Phone Number (s): _____

E-Mail Address(es): _____

Family Membership		Family Membership (\$100) is due unless you have already signed up another child to play baseball, softball or lacrosse for 2010 Registrations cannot be processed without Current membership)
Player Fee	\$85.00	Player Fee
Grounds work		Help is needed to set up fields and line fields weekly Yes or No
Coaches needed ==		I can volunteer as a coach or assistant Yes or No
Total Fees Paid		<<Fill-in total registration amount paid.

Please make checks or money orders payable to **Deep Run Valley Sports Association** or **DRVSA** and mail to:

DRVSA
P.O. Box 380
Hilltown, PA 18927

Payment: Check No. / Cash. _____ **Received by Initials:** _____

Waiver: This part must be signed.

I/We, the parents of the above named Player(s) for a position on a team, hereby give my/our approval to his/her participation in any and all Association activities. I/We assume all risks and hazard incidental to such participation including transportation to and from activities; I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Association, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and/or from activities for any claim arising out of an injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We agree to return upon request the uniform and other equipment issued to our child in as good as condition as when received except for normal wear and tear. I/We will furnish a certified birth certificate of the above named candidate(s) upon request of the Association officials.

Date: _____ **Parent/Guardian's Signature:** _____

Player Survey

Have you ever played before? Yes No
If Yes, check the appropriate circumstance

	Advanced	Average	Weak
Cradling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you need to borrow equipment? Yes No

If yes, please check what equipment you will need.

Stick

Goggles