

## DRVSA Girls Fall 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		The family fee is not required if child is not planning on playing any other sport session at Deep Run. The Family Membership Fee is paid once a year per family (\$150.00) You will receive a Chance Program Book to recoup the \$150
Player Fee	<b>\$60.00</b>	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		<b>&lt;&lt;Fill-in total registration amount paid.</b>

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
<b>Cradling</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Passing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Catching</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Checking</b>	<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