



2008 Mounds View Youth (8th grade and under)

Summer lacrosse

APPLICATION FORM

NAME: _____ HOME PHONE:() ____ - ____ CELL () ____ - ____
(write "same" for info that is unchanged from spring indoor league)

ADDRESS: _____ CITY: _____ ZIP: _____

SCHOOL: _____ GENDER: M or F _____ BIRTHDATE: __/__/__

PARENT'S E-MAIL: _____

SKILL LEVEL: Played - < 1 year > 1 year > 2 years

TEAM - 3rd/4th
 5th/6th
 7th/8th
 7th/8th traveling ("A" team -try outs may be required- play other "A" teams in area)

Mail to : MVBLA 5963 Parkwood Drive, Shoreview, MN 55126

Fee ----- \$100*

Checks Payable to Moundsview Boys Lacrosse Association (MVBLA)

* Cost for US Lacrosse membership not included. **Players must be US Lacrosse members:**
USL Member ID # : _____ **Exp Date:** _____ . **(Please fill this in!)**
Unsure of your Member # call US Lacrosse at (410) 235-6882. If you recently applied but, haven't received id# yet write "Applied For" above. See www.uslacrosse.org for more info.

Waiver: Please sign

Recognizing the possibility of physical injury associated with Lacrosse. The undersigned agrees that US Lacrosse, Minnesota Boys Scholastic Lacrosse Association, League Facilities and Staff, North Suburban Lacrosse Association and Associated Personnel and District 621 Community Education are not responsible for accidents, injuries or loss of property, however caused. The undersigned agrees to release the parties above for all claims that may arise as a result of such accident or loss.

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Consent for Medical Treatment: Write, "Unchanged" if playing on the spring outdoor team.

As a parent or legal guardian of the player listed above, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Health Care Provider: _____

Policy Number: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____