



Delray Riptide Lacrosse Registration

Adult Summer Lacrosse 2010

Office Use Only	
Date Paid	<input type="text"/>
Amount Paid	<input type="text"/>
Payment Type	<input type="text"/>

Please visit our website for further information or online registration: www.DelrayRiptide.com

Last Name First Name MI Gender Birthday / /

US LACROSSE MEMBER NUMBER **MANDATORY** School or College POSITION (A, D, LSM, M, G)

Home Address City Zip Code

Home Phone Work Phone Cell Phone Email

Emergency Contact Phone Number

COST IS \$75
 Make checks payable to "Delray Riptide Lacrosse"
 Send to:
 777East Atlantic Ave
 Box Z-248
 Delray Beach, Fl. 33483-5360

Consent, Release and Indemnity Agreement

I, the undersigned, for and in consideration of providing the above named child with the opportunity to participate in the Delray Beach Riptide Lacrosse program (dba Delray Beach Soccer Club), do hereby unconditionally release and agree to indemnify and hold harmless the Delray Riptide Youth Lacrosse League, and any person, coach, volunteer or entity employed by or associated with any of them from any and all claims for personal injury, death, property damage or any type of claim or damage (including, but not limited to attorney's fees and litigation expenses) resulting from or arising from participation. The undersigned represents that the person named above is physically and psychologically able and prepared to participate in the sport of lacrosse, and understands and accepts the fact that sports, including lacrosse, involve risks of injury or worse, which risks the undersigned understands and does hereby voluntarily and knowingly assume.

Signature _____ Date _____