



**PRL PLAYER REGISTRATION IS \$55
(Jun 2019-Mar 2020)**

Player name _____ Position _____
Home address _____
City/State/Zip _____
Home phone _____ Player cell phone _____
Player email address _____
Fall '19 grade 7 8 9 10 11 12 DOB _____
Fall sport _____ Winter sport _____
Mom _____ Phone _____ Email _____
Dad _____ Phone _____ Email _____

WAIVER - please read and sign

In consideration of being allowed to participate in any or all PROVIDENCE ROAD LACROSSE (PRL) activities, the undersigned:

- Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including serious disability and death, and severe social and economic losses which may result not from his own actions, non-actions, or negligence, but from the actions, non-actions, or negligence of others, the rules of play, or the condition of premises or any equipment used. Further, there may be other risks not known or foreseeable at this time.
- Assume all of the foregoing risks and accept personal responsibility for damages following any injury, permanent disability, or death, which may result from participation in PRL activities.
- Release, waive, and discharge PRL and its staff, owners, agents, coaches, all other employees of the organization, other participants, sponsoring agencies, sponsors, and if applicable owners and leasers of the premises used to conduct this event (hereafter referred to as "releasees") from any and all liability in connection with any PRL activities.
- Agree, along with all heirs and next of kin, not to sue "releasees" for any and all claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the "releasees."
- Agree that PRL may use any images (i.e. pictures video) gathered at various events in any marketing and/or publicity, including internet website, in order to promote its program.

PARENT/GUARDIAN NAME (please print) _____

PARENT/GUARDIAN SIGNATURE _____ **Date** _____

Checks should be payable to **PRL** and sent with completed form to PRL at
115 Keller Road, Fleetwood, PA 19522