## **BANDITS LACROSSE CLUB, INC.**

# REGISTRATION FORM

**PLEASE RETURN COMPLETED REGISTRATION, WAIVER, AND PAYMENT TO: Bandits Lacrosse Club, Inc., ATTN: John Lazzaretto, 450 Frost Place, Lake Forest, IL 60045**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Player INFORMATION

|  |  |  |
| --- | --- | --- |
| Players Last name:  | First:  |  |
| **Total Program Fee: $315.00 (please return to website** **and pay program fee under the “PAY” tab)****MAIL TO THIS REGISTRATION & WAIVER TO:** **Bandits Lacrosse Club, Inc. Attn: John Lazzaretto****450 Frost Place****Lake Forest, IL 60045** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grade as of Fall 2015: | Jersey Size: YS,YM,YL,YXL,S,M,L,XL | Shorts:YS,YM,YL,YXL,S,M,L,XL | Jersey #: choose 4: | Birth Date: |  |
|  |  |  |  |  |  |

Address:

|  |  |  |
| --- | --- | --- |
| MOTHER’S NAME:CELL PHONE NO.: EMAIL: | FATHER’S NAME: CELL PHONE NO.:EMAIL: | HOME PHONE: |

|  |  |  |
| --- | --- | --- |
| Doctor information:  | Name: |   |
|  | Phone: |  |

IN CASE OF EMERGENCY

|  |  |  |  |
| --- | --- | --- | --- |
| Name of local friend or relative (not living at same address): | Relationship to player: | Home phone no.: | Work phone no.: |
|   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Patient/Guardian signature X |  | Date |  |
|  |  |  |  |  |

 |

**\*PLEASE REVIEW AND SIGN ASSUMPTION OF RISK DOCUMENT ON PAGE 2**

**\*\* PLEASE PRINT AND SEND BOTH DOCUMENTS TO THE ADDRESS BELOW.**

**\*\*\*REGISTRATION NOT BE COMPLETE UNTIL PAYMENT IS RECEIVED (See website under the “PAY” tab.**

**BANDITS LACROSSE CLUB, INC.**

**Attn: John Lazzaretto**

**450 FROST PLACE**

**LAKE FOREST, IL 60045**

**ASSUMPTION OF RISK, WAIVER, RELEASE OF LIABILITY, & COVENANT NOT TO SUE**

Use the waiver for team registrations or individually. Participants over age 18 must sign themselves. Participants under 18 must have signature of parent or guardian. Return completed form to Bandits Lacrosse Club, Inc..

 I ACKNOWLEDGE THAT I HAVE READ THE BELOW ASSUMPTION OF RISK, WAIVER, RELEASE OF

LIABILITY, AND COVENANT NOT TO SUE. I FULLY UNDERSTAND ITS TERMS AND AGREE TO ITS TERMS,

UNDERSTANDING THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS IN SIGNING IT.

Specifically, I affirm that I know, understand, and appreciate the inherent risks of the activities organized, administered, or sponsored by or associated with Bandits Lacrosse Club, Inc. (each, an “Activity” and collectively, “Activities”). I affirm that I am voluntarily participating, or my minor child is voluntarily participating, in the Activity and further acknowledge that I know, understand, and appreciate the INHERENT RISKS of any Activity or Activities. I FULLY ACCEPT AND ASSUME ALL SUCH RISKS, WHETHER FORSEEABLE OR NOT, AND ALL RESPONSIBILITY FOR ANY LOSSES, COSTS, EXPENSES, LIABILITIES, AND DAMAGES that may be incurred as a result of or in connection with my, or my minor child’s, participation in any way in any Activity.

In consideration of being allowed to participate in the Bandits Lacrosse Club, Inc. program and related Activities, I, the undersigned, or I, the parent of my named minor child and on behalf of the child, do hereby

 1. ACKNOWLEDGE AND FULLY UNDERSTAND that I, or my minor child, will be engaging in Activities that involve RISK OF SERIOUS INJURY;

2. That I ASSUME ALL foregoing risk and ACCEPT personal responsibility for the damages following such injury; AND

3. That I RELEASE, WAIVE, AND COVENANT NOT TO SUE BANDITS LACROSSE CLUB, INC., its officers, directors, members and agents, from demands, losses or damages on account of injury, loss or damage incurred from participation in any Activity.

I SIGN THIS AGREEMENT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE,

AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL CLAIMS AND LIABILITY TO

THE GREATEST EXTENT ALLOWED BY LAW, AND AGREE THAT IF ANY TERM OR CONDITION HEREIN IS

HELD TO BE INVALID OR UNENFORCEABLE FOR ANY REASON, THAT ALL OTHER TERMS AND CONDITIONS

HEREOF SHALL CONTINUE IN FULL FORCE AND EFFECT.

**PLAYERS \*\* Note: Parent or Guardian must sign for any player under 18 years of age.**

Player’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent Signature:X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification:

 I, JOHN LAZZARETTO, the Director of the BANDITS LACROSSE CLUB, INC. program certify that the signatures above are valid and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Date