

# Tully Youth Lacrosse Association

## 2010 Player Registration

General Information	
Player Name	
Street Address	
Town	
Zip Code	
Telephone Number	
Name of Parents / Guardians	
Emergency Name / Phone	
Primary Physician / Phone	
Health Insurance / Policy #	
Known allergies or restrictions	
Parents e-mail Address	
2009-2010 School Grade	
Date of Birth	
Gender	M                      F

Equipment Information	
<i>Please check the items you will need to borrow from the Tully Youth Lacrosse Association. Security Deposit Required</i>	
Helmet (boys) / Goggles (girls)	
Shoulder Pads	
Gloves	

Uniform Information												
<i>Please circle the size shirt and shorts you will need.</i>												
Boys Jersey	<table style="display: inline-table; border: none;"> <tr> <td style="padding: 0 5px;"><b>Youth</b></td> <td style="padding: 0 5px;">S</td> <td style="padding: 0 5px;">M</td> <td style="padding: 0 5px;">L</td> <td style="padding: 0 5px;">XL</td> <td style="padding: 0 10px;"> </td> <td style="padding: 0 5px;"><b>Adult</b></td> <td style="padding: 0 5px;">S</td> <td style="padding: 0 5px;">M</td> <td style="padding: 0 5px;">L</td> <td style="padding: 0 5px;">XL</td> </tr> </table>	<b>Youth</b>	S	M	L	XL		<b>Adult</b>	S	M	L	XL
<b>Youth</b>	S	M	L	XL		<b>Adult</b>	S	M	L	XL		
Girls Shirt	<table style="display: inline-table; border: none;"> <tr> <td style="padding: 0 5px;"><b>Youth</b></td> <td style="padding: 0 5px;">S</td> <td style="padding: 0 5px;">M</td> <td style="padding: 0 5px;">L</td> <td style="padding: 0 5px;">XL</td> <td style="padding: 0 10px;"> </td> <td style="padding: 0 5px;"><b>Adult</b></td> <td style="padding: 0 5px;">S</td> <td style="padding: 0 5px;">M</td> <td style="padding: 0 5px;">L</td> <td style="padding: 0 5px;">XL</td> </tr> </table>	<b>Youth</b>	S	M	L	XL		<b>Adult</b>	S	M	L	XL
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Boys/Girls Shorts	<table style="display: inline-table; border: none;"> <tr> <td style="padding: 0 5px;"><b>Youth</b></td> <td style="padding: 0 5px;">S</td> <td style="padding: 0 5px;">M</td> <td style="padding: 0 5px;">L</td> <td style="padding: 0 5px;">XL</td> <td style="padding: 0 10px;"> </td> <td style="padding: 0 5px;"><b>Adult</b></td> <td style="padding: 0 5px;">S</td> <td style="padding: 0 5px;">M</td> <td style="padding: 0 5px;">L</td> <td style="padding: 0 5px;">XL</td> </tr> </table>	<b>Youth</b>	S	M	L	XL		<b>Adult</b>	S	M	L	XL
<b>Youth</b>	S	M	L	XL		<b>Adult</b>	S	M	L	XL		

Parental Waiver / Medical Release / Code of Conduct	
<p>I hereby give permission for my child to participate in the Tully Youth Lacrosse Association (TYLA) program. I agree to hold the members, and/or volunteers of the TYLA program, harmless from any and all damages resulting from bodily injury and to property, which may arise out of or from participation in, preparation for or travel to or from the above named program's activities. I also declare that all of the above statements relating to my child's current health are true to the best of my knowledge. I also relinquish any right I or my child might otherwise have for payment of medical costs or other losses beyond whatever insurance I may have. I further certify that my child is covered for injury under my private insurance policy.</p> <p>I hereby give my permission for any and all medical attention necessary to be administered to my child named in this registration form in the event of an accident, injury, sickness, etc., under the direction of the team coach or assistant coach (es) until such time as I may be contacted. I also hereby assume the responsibility for payment of such treatments.</p> <p>I agree to comply and to help my child comply with the TYLA Code of Conduct as follows: Play the game for the game's sake. Be generous when you win. Be graceful when you lose. Be fair always no matter what the cost. Obey the rules of the game. Work for the good of the team. Conduct yourself with honor and dignity. Accept the decisions of the officials and coaches with good grace.</p>	
Parent or Legal Guardian Signature: _____	Date: _____

TYLA Official Use Only			
Amount Paid	\$ _____	Check Number _____	Cash _____
ULA Waiver	Medical Authorization	Report Card	Initials _____

***If the fees to register are a burden on your family and you would like to be considered for a scholarship please check this box and someone will contact you. \_\_\_\_\_***