



**Adaptive Lacrosse PA  
New Year's Eve Box Lacrosse Clinic Registration Form**

PLEASE PRINT and complete all sections

Check ONE: **December 31, 2016**

**Ages 6-10** \_\_\_\_\_ **12-145**

**Ages 11-15** \_\_\_\_\_ **2-345**

\*\*Adaptive Lacrosse PA reserves the right to change the time and or format of the clinic to suit the needs of those attending.

**Player Name** \_\_\_\_\_

**Age** \_\_\_\_\_ **DOB** \_\_\_\_\_ **M/F** \_\_\_\_\_

**Address: Street** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Club Team** \_\_\_\_\_

**Primary Email** \_\_\_\_\_ **US Lacrosse Number** \_\_\_\_\_

(this is the main email we will use for contacting you about cancellations, changes, etc.)

**Parent** \_\_\_\_\_ **Email** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Parent** \_\_\_\_\_ **Email** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

List all medical conditions, medications, and all known allergies (food and other) that we should be aware of:

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

**Hospital Preference** \_\_\_\_\_ **Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

*I understand that for insurance purposes, I must sign my child or myself (if participating) up for USLacrosse membership. The cost of this membership is \$30/year for children 14 and Under, \$35 for children 15-18, and \$55 for adults (19+) and membership runs a full 12 months from the signup date with USLacrosse. This fee is one time per year (paid directly to USLacrosse) and is a requirement of all players.*

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Adaptive Lacrosse PA Use

**Clinic Cost \$75/ 1st Child in Family      \$50/ Each Additional Child**

Payment: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_

**Make Checks Payable to Adaptive Lacrosse PA. No Refund After Clinic Begins.**

**Must be paid in full before participating in a clinic.**

**Player Name:** \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_

**Phone Number:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

### Refer a Player to our Adaptive Programs

Do you know anyone who is “differently-abled”? Adaptive Lacrosse PA offers adaptive lacrosse clinics to individuals of all ages with physical and/or mental disabilities. Anyone you refer to us will receive their first adaptive clinic for free and you will receive an additional entry (for each player referred to the Adaptive Program) into a drawing for a new lacrosse stick at the New Year’s Eve Intro. to Box Lacrosse clinic with Kevin Crowley. All clinic participants are entered for attending. This incentive is for additional entries.

Prospective Adaptive Player:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Prospective Adaptive Player:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_