



**Anderson High School Men's Lacrosse**

**2011/2012 Registration**

**www.andersontrojanlacrosse.com**

Player Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ zip \_\_\_\_\_  
 Cell: \_\_\_\_\_ e-mail \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_

Mother/Guardian _____	Father/Guardian _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
e-mail _____	e-mail _____

<u>Registration Fees</u>		<u>Totals</u>
Fall Ball ( <u>includes Tournaments</u> )	\$150	} _____
Tournaments <u>Only</u>	\$ 50	
<b>Spring</b>		<b>\$800</b>
	<b>Total Due</b> _____	
	<b>Check#</b> _____ <b>Amount Paid</b> _____	
	<b>Balance Due</b> _____	

Optional Payment Plan - 3 payments of 1/3 each by: 10/01/11, 11/31/11 & 1/1/12

**Friends of Anderson Lacrosse Scholarship Donations (for players in need):**

<b>Level</b>	<b>Amount</b>	
Corporate	\$2000+	
Trojan	\$1000 - \$1999	
Platinum	\$500 - \$999	
Gold	\$300 - \$499	
Blue	\$100 - \$299	Donation Amount \$ _____
Supporter	\$25 - \$99	Check# _____

Note: Please submit registration form and fees by Aug. 23<sup>rd</sup> (Fall Ball).  
Spring registration form and fees due by Jan 1, 2012.

**Mail registration & donations to:**  
 AHS Men's Lacrosse, 3571 Far West Blvd. #190, Austin, TX 78731

# ***INFORMED CONSENT/MEDICAL AUTHORIZATION***

\_\_\_\_\_ “Player” and the undersigned parent/guardian(s) of the Player, hereby give permission for Player to participate in the Anderson High School Men’s Lacrosse Club. Further, I/we authorize emergency treatment for an injury or illness of Player if qualified medical personnel consider treatment necessary. This authorization is granted only if I/we cannot be reached and a reasonable effort has been made to do so.

PARENT /GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

PRE-EXISTING MEDICAL CONDITION \_\_\_\_\_

ALLERGIES \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

INSURANCE COMPANY/POLICY NO \_\_\_\_\_

OTHER EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

I/We are aware that participating in lacrosse is a potentially hazardous activity. I/we assume all risks associated with the sport, including but not limited to falls, contact with other participants, effects of other weather, traffic, and other reasonable risk conditions associated with the sport of lacrosse. We hereby release and hold harmless Anderson High School Lacrosse Club and its directors, members, officers, employees, agents and other representatives from any and all damages and claims suffered by us, Player or any of our invitees to all games and practices. I/We further understand and agree that as an additional consideration for allowing Player to participate in Anderson High School Lacrosse Club, I/we hereby give the release and hold harmless agreement above, and covenant and agree not to sue Anderson High School Lacrosse Club or its directors, members, officers, employees, agents and other representatives. I/We also understand that without this agreement, Player would not be able to participate in Anderson High School Lacrosse Club activities. I/We further agree that I/we either have insurance that would cover any damages or injury to Player, or I/we specifically agree to assume the risk of such damages or injury.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## ***ELIGIBILITY STATUS RELEASE***

I hereby give consent to Anderson High School Men’s Lacrosse Boosters to collect information regarding my son \_\_\_\_\_’s eligibility status. No specific grade information is required. Only the designated board members and coaches will receive information regarding my son’s eligibility status.

Authorizing Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_  
Signature