



2012 Buffalo Co-Ed Lacrosse League Registration

Spring

Fall

Player Information

Name:

Home Phone:

Date of Birth:

Cell Phone:

Age:

E-mail Address:

Sex:

Emergency Contact Information

Name:

Phone:

Relationship to Player:

Payment Information

Cash

Check #:

(All returned Checks will be assessed a fee of an additional \$50.00.above all other bank costs)

*****NO REFUNDS WILL BE GIVEN FOR REGISTRATION*****

Waiver of Liability and Acceptance of BCLL/EPIC CENTER and all Affiliates Policy

"We the undersigned, hereby bind ourselves, our heirs, assigns and personal representative to waive and release BCLL,Epic Center Arena and any or all of their agents, officers, committees, representatives, members from any and all claims or rights to damages for injuries or losses suffered directly or indirectly in participating in the League. We hereby give consent for any paramedic, licensed physician, or other persons authorized by BCLL, Epic Center arena. to transport the named contestant and to obtain and/or render necessary First aid and/or medical treatment. And in the event of injury and that we must rely on our own health insurance or other financial resources in case of injury

Signature: _____

Print Name:

Date: