

BDMLAX, INC Spring Saturday League Registration

Player Name: _____
First Middle Initial Last

Date of Birth: ____ / ____ / ____ Grade: ____ School: _____

Street Address: _____

City, State Zip code: _____ Check One: ____ Male ____ Female

Home Phone: _____ -- _____ -- _____ Player Cell Phone: _____ -- _____ -- _____

Player Email: _____

US Lacrosse Member? Circle either: YES / NO If yes, provide your member number: _____

Years of Experience Playing Lacrosse: _____ Positions played (circle as applicable): Attack Midfield Defense Goalie

Returning BDM players only: My BDM jersey number is: _____

Shirt Size (Circle One): YM YL S M L XL XXL

Shorts Size (Circle One): YM YL S M L XL XXL

Parent/Guardian Name: _____
First Middle Initial Last

Parent/Guardian Email: _____

Emergency Contact Phone: _____ -- _____ -- _____ Relationship to Participant: _____

Insurance Provider: _____ Policy Number: _____

I am registering for BDM Spring League – I have played with BDM before and I have a numbered BDM jersey (Cost \$100)

I am registering for BDM Spring League and I do not have a numbered BDM jersey (Cost \$120)

I am registering for BDM Spring League and I do not have a numbered BDM jersey and I would like a pair of BDM shorts (Cost \$160).

My fees are being paid by my school or my school's booster organization

I understand that BDMLAX, Inc and the BDM Spring League are in no way affiliated with my school or Miami-Dade County Public Schools.

Player Signature

Parent Signature

____ / ____ / ____
Date

Make checks payable to BDMLAX, Inc.

Mail checks and registration forms to: BDMLAX, Inc, 19468 SW 80th Ct, Cutler Bay FL 33157 or bring to first day of practice you attend.

BDMLAX, INC is a 501(c)3 non-profit organization that is not affiliated with any high school lacrosse/athletic program. Proceeds from any events are donated to local youth and high school lacrosse and to college scholarship programs.

BDMLAX, INC Spring Saturday League Waiver and Release

Player Name: _____
First Middle Initial Last

This is the certification that my child/dependent is in good physical condition and can participate in all BDM Lacrosse or BDMLAX, Inc. training, tournaments, and/ or any other activities. I hereby release, discharge and/or otherwise indemnify BDM Lacrosse and BDMLAX, Inc., its affiliated organizations and sponsors, their employees and associated personnel; included but not limited to owners of facilities and fields & any other involved parties from any claims or responsibility for injuries suffered during the year or from being transported to or from the same, which transportation I hereby authorize. I knowingly assume all risks associated with participation, even if arising from the negligence of the participants or others, and assume full responsibility for my participation. I also authorize the directors, coaches or BDM Lacrosse/BDMLAX, Inc. staff to request medical treatment as necessary to insure my well-being. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Dentistry or licensed technicians or nurses to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatments and anesthetics as may be necessary in the diagnosis and treatment of the above named minor. I have not been given a guarantee as to the results of the examination or treatment.

I grant BDM Lacrosse and BDMLAX, Inc., its affiliated organizations and sponsors, and their coaching staff permission to use my child's likeness, picture or video in any electronic /printed media or form of advertisement supporting BDM Lacrosse/BDMLAX, Inc. and any recruitment efforts on any player's behalf. I fully renounce all claims upon BDM Lacrosse/BDMLAX, Inc., their coaching staff, their assigns and related parties for reimbursement for use of this material. Finally, I understand that recruiting efforts are based largely on the effort, desire, athleticism, skills and coachability of my child; and I agree to hold harmless and free from claim the BDM Lacrosse/BDMLAX, Inc., their coaching staff, their assigns and related parties in recruiting related matters.

I certify that the player above is a member in good standing with US Lacrosse and that all information provided on the registration form and this waiver and release is true and correct. I acknowledge that I either physically or electronically signed and will be bound by the Waiver and Release required for Acceptance of Membership for the above player to join US Lacrosse. I also certify that I understand that the comprehensive secondary insurance provided by US Lacrosse to BDM Lacrosse/BDMLAX, Inc. is only provided based on keeping my US Lacrosse membership in good standing and full acceptance of their conditions for acceptance of membership.

Player Signature

Parent Signature

____ / ____ / _____
Date