

2016 Boys Lacrosse Information

Please Circle League

Child's age as of August 31, 2015

BOYS:

2nd-4th Grade 183934

5th-6th Grade 183935

Practices and games will primarily be held at either Halifax Park, Kiwanis Park or Buffalo Road Park.

Buffaloe Road Athletic Park

5812 Buffaloe Road, Raleigh, NC 27616

Halifax Park

1015 Halifax Street, Raleigh, NC 27604

Kiwanis Park

2525 Noble Road, Raleigh, NC 27608

Please register in person at any City of Raleigh Parks, Recreation and Cultural Resources Department Community Center.

Fees - All Ages

Raleigh Residents	\$75
Non-Resident	\$90

Payment must be made by Credit Card, Check, or Money Order payable to the City of Raleigh. *No refunds will be given after player placement.*

Volunteer Coaches Needed!
Contact Athletics Division at 919-996-6836
for more information!



Raleigh Parks, Recreation and
Cultural Resources Department
P. O. BOX 590
Raleigh, NC 27690-0250
Athletics 6539

Youth Boys Lacrosse Registration January 11-22, 2016



Athletics Division
2401 Wade Avenue
Raleigh, NC 27607



919-996-6836
parks.raleighnc.gov/athletics
athletics@raleighnc.gov



RALEIGH Parks,
Recreation and
Cultural Resources
parks.raleighnc.gov

Raleigh Parks, Recreation and Cultural Resources Department

Youth Boys Lacrosse Registration 2016

All returning players must register annually



The Youth Athletics Program provides to all youth ages 5-18 the opportunity to participate in quality organized athletics through leagues, special events, camps and clinics. We strive to teach fundamental skills and rules, teamwork and sportsmanship in a fun atmosphere with the leadership of well-trained volunteers and staff.

Player's Name: _____ Sex: M or F Date of Birth: ___/___/___ (Child's age as of **August 31, 2015**, copy of Birth Certificate must be provided)

Parent/Guardian Name: _____ Email: _____ Grade Level: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Check here if returning to same age group Previous Team: _____ District you are registering for: _____

T-Shirt Size: YS YM YL YXL AS AM AL AXL

Non-Parent Emergency Contact: _____ Phone #: _____

List any Medical Problems or Special Needs: _____

We are unable to accommodate any "play-up" or special requests.

The Raleigh Parks, Recreation and Cultural Resources Department welcomes the participation of all individuals, including those with disabilities or special needs. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our program. To ensure that reasonable accommodations are in place, program registration or accommodation requests should be received at least two weeks prior to the start date of the program. For more information please contact Inclusion Services 919-996-2147. The City of Raleigh recommends that parents or guardians consult their participant's pediatrician or health care professional to assess their participant's ability to partici-

I hereby pledge to provide positive support and care for my child participating in youth sports by encouraging and demonstrating good sportsmanship for all players, coaches, and officials at every game, practice and youth sports events. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

Photography Waiver: Pictures may be taken of my child while participating in City activities and may be used for program publicity. If you do not concur please contact the Parks and Recreation Department.

Sharing of Information: Participants' Contact information, including phone number (s) and email address will be shared with NCLA for potential marketing/promotional purposes. If you do not concur please contact the PRCR Department.

Non-Discrimination Policy: The City of Raleigh Parks, Recreation and Cultural Resources Department does not discriminate on the basis of race, color, natural origin, sex, sexual orientation or disability in employment opportunities or the provision of services, programs, or activities. A participant alleging discrimination on the basis of any of the afore-mentioned areas may file a complaint with either the Director of the Raleigh parks and recreation Department or the Office of Equal Opportunity, US Department of the Interior, Washington, DC 20240.

Release and Indemnity Agreement: I understand that participating in the recreational program selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs desire the risks.

By signing the baseball registration form, I acknowledge all risks of injury, illness and death and affirm that I have assumed all responsibility of injury, illness or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures for the program and to follow reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators to release, waive and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may request on behalf of the child participation in the program. I also agree not to sue the City, its employees or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or my child resulting from participation in the program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Volunteer Assistant Coaches Needed! Volunteer assistant coaches will work with teams under the direction of the Raleigh Parks, Recreation and Cultural Resources Department and NCLA. *Would you or your spouse be interested in serving as an Assistant Coach?*

Yes _____ No _____

For Office Use Only:

League Age _____ Receipt #: _____

Verified By: _____ Fee Paid: _____

Team: _____ Registered @ _____

League: _____