

MYO 2021 SPRING LACROSSE
REGISTRATION

NAME: _____
CELL#: _____
ADDRESS: _____

GRADE: _____
BOYS _____ **GIRLS** _____

UNIFORM Size:

TOP- YS/M YL/XL AS/M AL/XL

BOTTOM -YM YL YXL AS AM AL AXL

Registration Fee: \$160 (this includes uniform)

Please make check out to MYO by 2/19/2021

Mail to: MYO 253 Frowein Rd Center Moriches, NY 11934

PERMISSION SLIP

I, _____ give permission for my child to the participate in MYO lacrosse program. I/We, the parent of named child hereby give consent for participation in MYO Lacrosse. Furthermore, I/We assume all risks and hazards incidental to such participation, and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless Moriches Youth Organization, coaches and trainers for any claim arising out of injury to my/our child except to the extent and in the amount covered by accidental liability insurance.

Print Name of Parent or Guardian: _____

Signature: _____

Date: _____