2010 Girls Lacrosse Registration Form

Kennett Area Park & Recreation Board

Instructions:

1. Fill out this form completely and return with full payment.

2. If you are registering more than one child, fill out a form for each child separately.

3. Incomplete registration forms will be returned.

4. Registration is non-refundable.

5. To download additional forms or information, go to www.kaprb.com

Please return this form and payment to:

Joe Meola
100 Salasin Drive
Avondale, PA 19311

Please make check payable to: KAPRB

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Birthdate: _____

Township: *You must check which Township you reside or registration will not be processed!*

□ New Garden □ Kennett Borough □ Kennett Township □ E. Marlborough □ Other_____

Home Phone of Player: _____

Father's Name: _____ home: _____ work: _____

mobile: _____

Mother's Name: _____ home: _____ work: _____

mobile: _____

Email: _____

Name of School as of 9/1/2009 _____ Grade Entering as of 9/01/09_____

2010 Girls Lacrosse Registration Fee: $40.00

Dates: March 24 - May 12, 2010 Wednesday Afternoons
Times: 3:45pm - 4:45pm
Location: Greenwood Elementary School (behind school)
Who: 4th, 5th, and 6th Grade Girls
Coach: Jill Fourney
Equipment: Mouth Guard and Lacrosse Stick

Parent Volunteer with Lacrosse experience?_____

Release of Liability

1. In consideration for being permitted by Kennett Area Park and Recreation Board (KAPRB) to participate in the 2010 KAPRB Girls Lacrosse Program, I hereby waive, release, and discharge any and all claims for damages for personal injury and property which I may have, or which may hereafter accrue to me, as a result of participation in this program. This release is intended to discharge in advance KAPRB (its officers, employees and agents) from any and all liability arising out of negligence or carelessness on the part of the person listed above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. I agree to indemnify and to hold KAPRB free and harmless from any loss, liability, damage, cost, or expense which may incur as the result of any injury or property damage that I may sustain while participating in said activity.

2. I am fully aware that KAPRB carries no medical insurance for any participant and I am solely responsible for securing my own medical care if required.

Parent/Guardian Signature: _____ **Date:** _____

Official Use Only!

Registration No._____ Check #_____ Amount: _____ Date: _____