

Fall/Winter Offline Registration

***Please note:**

- **\$15 discount for online registration**
- **Checks made to : Ohio Premier Lacrosse**
- **Mail Forms & Payment to:**

*Ohio Premier
c/o Robin Pospisil
2410 Overlook Road
Cleveland Heights, OH 44106*

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PLAYER ACTIVITIES & FEES

Middle School (\$285 Active.com, \$300 Offline Registration)

Players will participate in the fall outdoor training sessions, and in the indoor sessions at the Multi-Plex on South Miles Road. For this group, we have decided that there is great benefit to providing the coaching that they will receive, but that the cost of travel for families for players at this level is not necessary - they will have plenty of opportunity in the summer to experience the high level of competition to be found on the east coast.

Freshmen, Sophomores, and Juniors (\$270 Active.com, \$285 Offline Registration)

Along with the training sessions both indoors and out, we will travel with this group to Baltimore on November 14th to play at St Paul's School for Girls (Saturday). We have entered one team at each of the three age groups. Also, we will again travel to Chicago to participate in the Northwestern event in February.

Seniors (\$150 Active.com, \$165 Offline Registration)

Again cost is a consideration. With college approaching, we decided to provide the outdoor and indoor training sessions and to travel to Chicago with those who wish to close out their OP careers with this always enjoyable event.

PLAYER'S PROMISE OF COMMITMENT

I understand that participation in the Ohio Premier Lacrosse Club requires a full and sincere commitment of time and interest. My signature below attests to my availability and my promise to commit to the team and organization. I understand that failure to fulfill my obligations to the team may result in my being removed from the team roster and/or may significantly effect playing time at tournaments.

Player's Signature: _____

Date Signed: _____

PARTICIPATION WAIVER

By indicating your acceptance, you understand, agree, warrant and covenant as follows:

I am fully aware of and appreciate the risks of my child participating in a lacrosse event, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with such participation. I hereby release, discharge, and/or otherwise indemnify Ohio Premier Lacrosse (including coaches, directors, and/or others acting on its behalf), their affiliated organizations and sponsors, their employees and associated personnel, including other owners of fields and facilities utilized for the Program, against any claim by or on behalf of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize. Therefore, I grant all coaches affiliated with the program, and/or, in their absence, other responsible adults present acting on their behalf permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume financial responsibility for any medical treatment for my child. I certify that I understand the contents of this consent form and that my signature represents a free and voluntary act of consent on behalf of the minor student named herein.

Guardian's Signature: _____

Date Signed: _____

MEDICAL RELEASE FORM

Please bring to start of each season signed and completed.

(Includes all related activities ~ tryouts, games, practices, clinics, travel, scrimmages, etc.)

Player's Name: _____

Parent's Name(s): _____

Parent's Phone(s): _____

Address (Include City & Zip): _____

Birthdate: _____

Primary Insurance

Company: _____

Policy Number: _____

Emergency Contact (other than Parents)

Name: _____

Relationship: _____

Home Phone: _____

Cell: _____

Physician's Name: _____

Physician's Phone: _____

Known Allergies: _____

I am fully aware of and appreciate the risks of my child participating in a lacrosse event, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with such participation. I hereby release, discharge, and/or otherwise indemnify Ohio Premier Lacrosse (including coaches, directors, and/or others acting on its behalf), their affiliated organizations and sponsors, their employees and associated personnel, including other owners of fields and facilities utilized for the Program, against any claim by or on behalf of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize. Therefore, I grant all coaches affiliated with the program, and/or, in their absence, other responsible adults present acting on their behalf permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume financial responsibility for any medical treatment for my child. I certify that I understand the contents of this consent form and that my signature represents a free and voluntary act of consent on behalf of the minor student named herein.

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

Parent/Guardian Name (PRINT): _____

PARTICIPANT Registration

(* indicates required information)

Fall/Winter 2009 Registration	
First Name: *	<input type="text"/>
Last Name: *	<input type="text"/>
Birthdate: *	____/____/____
Email: *	<input type="text"/>
Evening Phone:	<input type="text"/>
Address Line 1: *	<input type="text"/>
Address Line 2:	<input type="text"/>
City: *	<input type="text"/>
State: *	OH <input type="button" value="v"/>
Zip/Postal Code: *	<input type="text"/>
Player's Cell:	<input type="text" value="xxx-xxx-xxxx"/>
NOTICE: PLEASE VERIFY YOU HAVE INDICATED THE PLAYER'S CORRECT GRADE/CLASS. IT WILL DETERMINE REGISTRATION FOR EVENTS AND ACTIVITIES.	
School Name *	<input type="text"/>
Player Grade/Class *	_____

NOTICE Look up, Join, or Renew US Lax Membership	
US Lacrosse Membership Number: *	<input type="text"/>
Uniform Information	
Shirt Size *	<input type="text"/>
Uniform Order *	Quantity <input type="text"/> @ \$49 each
Current Ohio Premier Number (Returners Only)	<input type="text"/>
Parent/Guardian Information	
Player lives with: *	<input type="text" value="- please select -"/> Mother <input type="text"/> Father <input type="text"/> Both <input type="text"/> Other <input type="text"/>
If player lives with other, please enter here. <i>(Grandparent, Aunt, Uncle, etc.)</i>	<input type="text"/>
Parent #1 Relationship	<input type="text"/>
Parent #1 First Name *	<input type="text"/>
Parent #1 Last Name *	<input type="text"/>
Parent #1 Cell Phone * <i>(269-555-1212)</i>	<input type="text"/>
Parent #1 Home Phone <i>(269-555-1212)</i>	<input type="text"/>
Parent #1 Email *	<input type="text"/>
Parent #2 Relationship	<input type="text"/>
Parent #2 First Name	<input type="text"/>
Parent #2 Last Name	<input type="text"/>
Parent #2 Cell Phone <i>(269-555-1212)</i>	<input type="text"/>
Parent #2 Home Phone	<input type="text"/>
Parent #2 Email	<input type="text"/>