

OLD BRIDGE LACROSSE ASSOCIATION

Please print the information below
One registration form per player

Participants Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ E-MAIL : _____

Birth Date: _____ Grade: _____

School currently attending/graduated from:

Emergency Contact Information:

In case of an emergency, please contact:

NAME: _____ RELATION: _____

PHONE NUMBER: () _____

Alumni Lacrosse Game Permission Slip REGISTRATION FEE: \$25.00

I hereby give the above-mentioned participant permission to participate in the Old Bridge Lacrosse Association Annual Alumni Lacrosse Game. It is fully understood that the Old Bridge Lacrosse Association shall not be responsible for any accident or injuries other than those covered by the Liability Insurance Policy of the Old Bridge Lacrosse Association, and only to the limit as covered by the Insurance Policy of the Association. The Township of Old Bridge or the Lacrosse Association is not responsible for any lost or stolen personal items while on the practice or game fields. It is the participants' responsibility to maintain the equipment provided to the participant by the Old Bridge Lacrosse Association, and all equipment shall be promptly returned to the Old Bridge Lacrosse Association upon completion of the program (except for lacrosse equipment which is owned by the participant in the program). The registration fee of \$25.00 per participant is non refundable.

I have read and agree to the above as well as received a copy Old Bridge Township Ordinance No. 47-03, I have read, signed and understand the Old Bridge Township Athletic Code of Conduct:

Participant's Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Checks may be mailed to: Old Bridge Lacrosse Association
35 Sadowski Drive
Old Bridge, NJ 08857