

**BULGARIAN LACROSSE FEDERATION
AMERICAN COLLEGE OF SOFIA**

Youth Lacrosse Program 2009

Registration Form

Please Print:

Player Name: _____

Date of Birth: _____ School: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Mother/Guardian's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Father/Guardian's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

As legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in any Lacrosse event and accept each of the above conditions of the waiver and release.

Signature of Parent or Guardian

Date

Print Parent or Guardian Name

Home Phone

Mobile/Work Phone

_____ Check here if you do **not** give permission for your player to be photographed or have name released to appropriate Lacrosse organizations.