

**HAUPPAUGE GIRLS' LACROSSE  
SPRING REGISTRATION 2018-19  
GRADES K-6**



**Grades K-1: \$175  
Grades 2-6: \$225**

**Grades K-1 Registration \$175 - Includes:**

- Indoor Practice Time through Winter
- Winter Clinics
- Uniform & Socks
- 6 Weeks of Clinic/Games (Round Robin Format with multiple teams)

**Grades 2-6 Registration \$225 -Includes:**

- Indoor Practice Time through Winter
- Winter Clinics
- 8 game schedule in Suffolk County Girls Lacrosse League ([www.scgirlslax.com](http://www.scgirlslax.com)) – including Lacrosse Jamboree
- Uniform & Socks

**Register online @ <http://hyogirlslax.siplay.com>**

**Early Registration and Sibling Discounts Available**

**ONLINE REGISTRATION CLOSES 12/10**

Questions? Email – [hyogirlslax@gmail.com](mailto:hyogirlslax@gmail.com)

**\*This program is not affiliated or endorsed in any way by the Hauppauge School District\***

# HAUPPAUGE GIRLS' LACROSSE SPRING REGISTRATION 2018-19 GRADES K-6

**Grades K-1: \$175**

**Grades 2-6: \$225**

Register & Pay Online or Mail in with check payable to **HYO Girls Lacrosse**

Player Name \_\_\_\_\_

Street Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Years Played \_\_\_\_\_

Shirt Size (circle)    S    M    L    XL                      Short Size    S    M    L  
                                 Youth                      Adult                      Youth                      Adult

**Consent of Parent or Guardian**

As the parent or legal guardian of the child named above, I represent that I am legally authorized to give, and hereby give my full consent and approval for my child to participate as a team member in the sport of lacrosse. I understand that there are certain risks of injury inherent in the practice and play of this sport, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in these activities. I give permission for my child to be medically treated in the event that I am not available for an emergency during lacrosse activities, and any health care provider may rely fully on the representation and permission to so treat my child.

In addition to giving my full consent for my child's participation, I do release, waive, discharge and covenant not to sue, Hauppauge Lacrosse League Inc, their respective administrators, directors, agents, coaches and other volunteers of the organization, or other participants, all of which are herein after referred to as "releases", from any and all claims, demands, losses and damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by negligence of the releases or otherwise.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Mother's Cell #

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Father's Cell #

\_\_\_\_\_  
Medical Provider

\_\_\_\_\_  
Policy #

Forms can be mailed to Cari Cioffi – 10 Heller Place, Hauppauge NY 11788  
Questions? Email – [hyogirlslax@gmail.com](mailto:hyogirlslax@gmail.com)

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