



LaVille Youth Sports – Lancer Select Registration Form

Player Name: _____

Date of Birth: _____ Players Gender _____ T-Shirt Size _____

Age Division Coach (if known) _____

Parent/Guardian Information: Name: _____

Address: Street: _____

City: _____ State: _____ Zip code: _____

Email: _____

Primary Phone: _____ Secondary: _____

Emergency Contact Person: Name: _____ # _____

INSURANCE DISCLAIMER: I/We, the parents/guardians of _____ candidate for a position on a team with the LaVille Youth Sports - Lancer Select , hereby give my/our approval for my/our child’s participation in any and all IYSA and LaVille Youth Sports - Lancer Select activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the IYSA/ LaVille Youth Sports organizers, officers of the club, advisory board, sponsors, supervisors, coaches, participants, and persons transporting my/our child to or from activities, from any claim arising, or from any injury to my/our child. I /We furthermore understand and agree that any insurance coverage provided through IYSA shall be secondary to any medical insurance that I/We may have and will only come into effect after my/our personal insurance covered has been exhausted.

Check Yes to Agree Yes No

MEDICAL RELEASE: As the parent/legal guardian of _____, I request that in my absence that above named player be admitted to any hospital facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff duly licensed as Doctor of Medicine of Doctor of Dentistry, or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Check Yes to Agree Yes No

Parent/Guardian Signature

Date:

Any interest in joining our volunteer team? Circle Below

Coaching Advisory Board Team Parent Fundraising Event Staff

~~Tryout Registration Fee \$25.00 due day of tryouts.~~ A&M Home Services sponsored 2021 Tryout fees.