

Austin Girls Lacrosse 2009 Registration Form

Child's Name _____ DOB (MM/DD/YY): _____

Grade for '09/'10 school year _____ School attending _____

Mother's Name _____ Father's Name _____

Address where child lives _____

City _____ Zip _____

Home Phone _____ Other Phone _____

Child's email (if applicable) _____ Parent's Email _____

EMERGENCY NAME _____ NUMBER _____

Relationship to child _____

I agree that Austin Girls Lacrosse can collect, use, disclose, and store personal information as set out in their Privacy Policy. I hereby release Austin Girls lacrosse and their coaches and employees from all claims, demands, losses, actions, suits, or proceedings rising out of the participation of the applicant named in any facility or at any location where a program is being held. I also agree to consent to the use by Austin Girls Lacrosse of the participant's likeness (photographs, video) for publicity purposes.

Signature _____ Date _____

Print Name (Legal Guardian) _____

Referred to Austin Girls Lacrosse by _____

Austin Girls Lacrosse

Phone: 512-786-3248 or 512-789-4043

On the Web: austingirlslacrosse.com

Email: info@austingirlslacrosse.com