

FOR OFFICE USE ONLY

Pinnie Received Paid \$ _____ Date Received: _____ Received by: _____

GRANTHAM INDOOR

P O BOX 739
GRANTHAM, NH 03753
(603) 865-9800 or fax: (603) 865-9810
info@granthamindoor.com
www.granthamindoor.com

LACROSSE APPLICATION

M F

Name _____ Birth Date _____
Address _____
City/Town _____ State _____ Zip _____
Phone (Day/W) _____ Phone (Eve/H) _____
Email _____

Grantham Indoor accepts Individual, Team, and Small Group Registrations.
Every effort will be made to place players registering as an individual or as a Small Group on a team.

Individual **OR** Registration with a team (Team Name) Drop-In
Preferred position is: Goalie Defense Midfield Attack

Emergency Contact (Parent or Legal Guardian if under 18 years of age):

Name _____ Relationship _____
Address _____ City/Town _____
Email _____ State _____ Zip _____
Phone (Day/W) _____ Phone (Eve/H) _____

Alternative Emergency Contact (If parent/guardian cannot be reached):

Name _____
Relationship _____ Email _____
Phone (Day/W) _____ Phone (Eve/H) _____

Waiver

Adult Release/Waiver of Liability:

I release, absolve, indemnify, and hold harmless **Grantham Indoor** and its staff, in the event of injury while participating in the program listed above. I have read and understand the rules and regulations of **Grantham Indoor**. I hereby grant permission to **Grantham Indoor** the right to use, reproduce, and/or distribute photographs, films, video, and sound recordings of myself, without compensation or approval rights, for use in materials created for purposes of promoting the activities of **Grantham Indoor**.

Signature of Applicant Date

Parental Permission for Children Under 18 Years of Age:

My son/daughter, as registered above, has my permission to participate in activities at **Grantham Indoor**. I have read and understand the rules and regulations of **Grantham Indoor**. I further release, absolve, indemnify, and hold harmless **Grantham Indoor**, and its staff, in the event of injury to my son/daughter. In the event of an emergency requiring medical attention, I authorize that necessary medical attention be given to my child by a qualified physician in the event I cannot be reached. I hereby grant permission to **Grantham Indoor** the right to use, reproduce, and/or distribute photographs, films, video, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of **Grantham Indoor**.

Signature of Parent/Guardian Date

If playing on a team, payment should be submitted through the coach. If playing as an individual, payment should be made to **Grantham Indoor, PO Box 739, Grantham, NH 03753. VISA, MasterCard, & Discover are accepted.**

Payments must be received in full before the first game.