

2012 DLC Membership Application

For Administration Use Only:

Membership Date _____

Deposit _____ Paid in Full _____

High School _____ Middle School _____ Open _____ Select _____
(Determined by DLC Staff)

Players Info:

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Players Cell _____

Players Email: _____

Year of Graduation _____ Date of Birth _____

Parent Contact Info: Parent(s) Name: _____

Mothers Work # _____ Cell # _____ email _____

Fathers Work # _____ Cell # _____ email _____

US Lacrosse Number:

Membership Number (required) _____ Exp _____

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School Information:

School Name _____

Address _____ City _____ State _____ Zip _____

School Phone # _____ Guidance Counselor _____

High School Coaches Name _____ email _____

GPA _____ out of _____ (scale) Weighted Not Weighted (circle one)

SAT Score (if applies) _____ ACT Score (if applies) _____

Fee:

2010 Membership Fee \$500.00

\$200.00 deposit is due November 30th, 2011

Balance of 2011 Annual Membership fee is due by January 30, 2012

Uniform Size: Jersey(sm-xxl) _____ Shorts (sm-xxl) _____

Uniforms sizes are based on women's size. Please order appropriately.

Please make checks payable and send to:

Detroit Girl's Lacrosse Club
165 S. Opdyke #105
Auburn Hills, MI 48326

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Consent to Treat:

I, the parent of _____, hereby give permission to Detroit Girls Lacrosse Club and any appointed party to seek medical care for my child when necessary. The information below is provided to assist with medical care if it should be necessary.

Signature: _____ Date: _____

Relationship to Player: _____

In Case of an Emergency Contact:

Name: _____ Home phone: _____

Relationship: _____ Cell phone : _____

Medical Information:

Insurance: _____ Policy No: _____

Billing Address: _____ Telephone: _____

City: _____ State: _____

Policy Holder's Name: _____

Known medical conditions/health or special concerns: _____

Current Allergies: _____

Action to be taken: _____

Current Medications: _____

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Liability Waiver:

RELEASE OF LIABILITY

I hereby release and remove Detroit Girls Lacrosse Club, its agents, employees, staff, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of, _____, my child or my participation in any and all lacrosse or travel related to Detroit Girls Lacrosse Club and the sport of lacrosse.

I also authorize Detroit Girls Lacrosse Club, its agents, employees, staff members, directors, and officers to take any necessary action when necessary, in their best judgment, in case of an emergency and hereby release and discharge Detroit Lacrosse Club, its agents, employees, staff members, directors, and officers from any responsibilities or liability related thereto.

I also grant Detroit Girls Lacrosse permission to use my child's name, private information or any other pertinent information that may be requested by an outside source to assist in college networking.

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Year of High School Graduation: _____ School: _____

US Lacrosse number: _____ Exp. Date: _____

Signature of Player (18 and over): _____

Parent/Guardian signature: _____ Date: _____

Relationship to Player: _____