Yellow Jacket Lacrosse Fall Ball 2026

Registration Form:

Name:_____ Phone Number: _____ Email Address: _____

Address:_____ City: _____ Zip: _____

Position: _____ Age: _____ Grade: _____ US Lacrosse Member, Please provide us with your #:_____

Fall Ball Yellow Jackets Program

_____ 8U Boys _____10U Boys _____ 12U Boys _____ 14U Boys

_____ 8U Girls _____ 10U Girls _____ 12U Girls _____ 14U Girls

Cost: $185.00

6U Little Buzz Program

_____ Age _____ Gender

Cost: $65.00

Checks Payable to: Yellow Jacket Lacrosse in the amount of **$_____**

Send to: 2663 Megan Ct. Palm Harbor, FL 34684

Medical Insurance Information

Person to notify in case of Emergency: _____Phone Number: _____

Insurance Carrier: _____Policy Number: _____

Waiver Exclusion Clause: I, the undersigned parent/guardian, in enrolling in this lacrosse league/clinic/tournament, understand that in attending any sport program and using the facilities do so at the participant's own risk. The Shooters Lacrosse, its representatives, Clearwater Youth Lacrosse Inc, the City of Clearwater, the county of Hillsbourgh, The Tampa Bay Youth Football League, D & E Associates and all agents shall not be held liable for any damages whatsoever arising from any personal injury, disability, death or property loss sustained by participants or family members on the premises. Participants, parents/guardians assume full responsibilities for all injuries and damages which may occur in or around any program on the premises and hereby fully and forever release, discharge and hold harmless Shooters Lacrosse and all associated facilities and there owners, agents and employees from any claims, damages, rights of action, present or future, resulting from or arising out of any person's participation in any program or use of it's facilities. In addition, participant agrees to follow the rules and conduct set by the Shooters Summer Lacrosse director. Participant, parent/guardian, understands that failure to comply with rules and regulations will result in suspension from participants. I, the undersigned parent/guardian, hereby grant authority to Shooters Lacrosse director, to render a judgment concerning medical assistance or illness during my absence. Shooters may be taking photos, videos, and other images of our participants. These images will be the property of the Shooters and may be shared with the media and posted on the internet. Shooters Lacrosse is hereby granted permission to use the image of the participant without further notification. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images and/or video taken for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and websites. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers of Disease Control and Prevention, senior citizens and people of underlying medical conditions are especially vulnerable. By participating/spectator any Yellow Jacket Lacrosse, Clearwater youth lacrosse, games/camps/clinics/teams/leagues you voluntarily assume all risks related to exposure to COVID-19.

Signed: _____ Date: _____