

# Rochester Area Lacrosse Spring Jamboree

## 2010 Registration Form

**Saturday, March 20 8:30-1 at the Rochester Regional Stadium Bubble**  
851 30th Ave. SE Rochester, MN 55904  
Teams: Boys Grades 3-4, 5-6, 7-8 & Girls Grades 3-5, 6-8

- **NEW PLAYERS WELCOME!**
- Learn Lacrosse Skills and Participate in Scrimmages
- On-field Instruction During Scrimmages
- Learn from High School Coaches, Players and Officials



### Registration

Tuesday, February 23 at Rochester Regional Stadium Bubble (RCTC-851 30th Ave. SE) & Thursday, February 25 at Soccer World North (19th St. NW) from 5:30-8 both nights.

Mail registration form and \$10 check payable to RASC or Rochester Amateur Sports Commission  
30 Civic Center Drive SE  
Rochester, MN 55904

### Equipment Needed

Boys- Lacrosse Stick, Gloves, Shoulder Pads, Lacrosse Helmet, Mouthguard

Girls- Women's Lacrosse Stick, Lacrosse Goggles, Mouthguard

Additional forms available at [www.rochesteryouthlacrosse.com](http://www.rochesteryouthlacrosse.com)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_ Sex M F  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ Parent Cell Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Did you have a US Lacrosse Membership? Yes \_\_\_ No \_\_\_

Note: Players **must have current** US Lacrosse Membership. If you played lacrosse last year through Rochester, you have a membership. If you didn't, go to <http://www.uslacrosse.org/membership/index.phtml> to register. (\$25)

**Waiver and Release:** I am fully aware of and appreciate the risks associated with participation in lacrosse. I agree, that the Rochester Youth Lacrosse Association and the sponsor or sponsors, together with coaches, officials, volunteers, employees, and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in Rochester Spring Jamboree.

**Medical Attention:** I hereby give my consent to Rochester Youth Lacrosse Association to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in the Rochester Spring Jamboree .

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_