

Lake Oswego Parks & Recreation
2019 Girls Lacrosse Girls Youth Lacrosse
For Girls Grades 1-2

Medical Information, Registration and Release Form

This form can be found at www.lakeoswegosports.com

Player Information

First Name:	Last Name:
Address:	City: Zip:
Hm # Cel. #	e-mail:
Current Grade Level : <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	Date of Birth:
School Attending:	
Any medical condition(s) that the Program Coordinator should be aware of?	
Are there any special accommodations needed for your child to participate in this program?	

FORM DEADLINE: April 1, 2019

Once registered, to hold your spot in the program, this form must be completed and returned by April 1

In Person: L.O. Parks & Recreation (at Golf Course) – 17525 Stafford Rd. – Lake Oswego, OR 97034

Fax to: 503-697-6579 (Attention: Izzy)

By Mail to: L.O. Parks & Recreation Sports – Izzy Anderson – P.O. Box 369 – Lake Oswego, OR 97034

e-mail to: losports@lakeoswego.city

Online registration at: www.loparks.org ; Registrar phone 503-675-2549

For program info, visit: www.lakeoswegosports.com ; click on 'Girls Lacrosse Grades 1-2' page

Parent / Guardian Information

First Name:	Last Name:
Hm. Phone: Wk. Phone:	e-mail:
Cell Phone:	Relationship to player:

Emergency Contact (other than parent / guardian)

First Name:	Last Name:
Home Phone:	Work Phone:
Cell Phone:	Relationship to player:

Parent/Guardian Consent

In consideration of participating in Parks & Recreation activities, as parent/guardian of the above listed participant, I acknowledge that I am aware of the nature of the activity, that there are inherent risks in any such activity, and release the City of Lake Oswego, employees and its volunteers from liability for any and all claims for personal injuries. As the parent/guardian of this registered minor, I authorize employees of the City to seek medical treatment in the event of an accident or emergency. I understand that the City of Lake Oswego does NOT provide medical insurance coverage for participants in this activity. Photos taken during programs may be used for promotional purposes. I further understand that transportation to and from this program, is my responsibility and not that of the City of Lake Oswego. Payment of fees/registration and participation in the program shall constitute acceptance of this liability, medical and photography release.

Parent/Guardian Signature: _____ Date: _____