



**APPLICATION TO PLAY LACROSSE**  
**WEAVER ATHLETIC ASSOCIATION**

**Team:**

- Varsity  Junior Varsity  Middle School  
 Under 13 ('93-'94)  Under 11 ('95-'96)

**WAA USE ONLY**

Skill Level: \_\_\_\_\_ Coach: \_\_\_\_\_

Player's Name: \_\_\_\_\_  
 (Last, First, Initial)

Address: \_\_\_\_\_  
 (Street, City, Zip)

Mother's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Elementary school district in which you reside: \_\_\_\_\_

Grade (as of Sept.): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age (As of January1): \_\_\_\_\_

Has your child participated in any Weaver Athletic Association program before?  Yes  No  
 If yes, which sport? \_\_\_\_\_

I volunteer to:

- Coach  Asst. Coach  Booster Club  
 Concession Stand  Team Mom/Dad

**READ THE FOLLOWING CAREFULLY:**

I/We, the parents of the above, a candidate for a position on the Weaver Athletic Association lacrosse team, an independent team, hereby gives my/our approval of his/her participation in any and all Weaver AA lacrosse sponsored activities.

I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless Weaver Athletic Association, the Organizers, Sponsors, Supervisors, Coaches, Referees, Participants and Persons transporting my/our son. We understand and agree that our medical insurance shall be the primary source of insurance for any medical services our son may need as a result in participating the lacrosse program. Weaver AA may, but is not required to provide supplemental medical insurance for medical services required because of participation in the lacrosse program.

I/We shall furnish a certified Birth Certificate or certified legal proof of birth or other legal proof as may be requested by Weaver AA for our son.

I/We grant Weaver AA its agents and designees, permission to verify, if necessary, my/our child's school records pertaining to birthdates and residence information only.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Both signatures are required before candidate is eligible to play in the League. If one parent has custody of candidate, state reason for missing parents signature.**

**Staff Only:**

Season \_\_\_\_\_ # of Players \_\_\_\_\_ Reg. Ck # \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Date \_\_\_\_\_ WLL Forms .  
 Dep. Ck # \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Date \_\_\_\_\_ Birth Certificate .