

High School Fall Ball Lacrosse Registration Packet

Player Information:

_____	_____	_____	_____	_____	_____	_____	_____
First	Middle	Last		Date of Birth	Grade	Years Experience	
_____	_____	_____	_____	_____	_____	_____	_____
Residence Address	City	State	Zip	Height	Weight	Jersey Size	Shorts Size
_____	_____	_____	_____	_____	_____	_____	_____
Email Address	Cell Phone			USLacrosse (optional)		Expires	

Parent/Guardian Information:

_____	_____	_____	_____	_____	_____
First	Last	First	Last		
_____	_____	_____	_____	_____	_____
Email Address		Email Address			
_____	_____	_____	_____	_____	_____
Cell	Home	Work/Other	Cell	Home	Work/Other

Membership, Eligibility, and Expectations

Registration, Fee, Fundraising, Physical, US Lacrosse Membership, & Equipment Requirements

- ❖ **Registration:** **Returning players** read and complete all sections of this Player Registration Packet. Submit the completed packet along with the fee by September 22, 2008. **New players** electing to “Try it Before You Buy it” read and complete all sections of this Player Registration Packet by September 29, 2008: After electronically submitting this completed form print, sign, and bring to practice along with the fee or mail to:
McDowell Boys Lacrosse Boosters Club
PO Box 8044
Erie, PA 16506
- ❖ **Fee:** \$100 payable by check or money order to *McDowell Boys Lacrosse Boosters Club*. Players are not eligible to participate in practice or other club activities until they have completed the registration process and fees are paid-in-full or appropriate payment arrangements are made with the MBLBC Treasurer.
- ❖ **Fundraising:** Each player will participate in organized fund raising events and generate at least \$50 in fundraising profit for the benefit of the club. Those players who, for whatever reason, do not fulfill this minimum requirement may be billed \$50 by the club to satisfy this requirement. In order to remain in good standing with the club this amount will be paid in full no later than October 20, 2008.
- ❖ **Physical & ImPACT Testing: NEW!** Each player shall complete the “Millcreek Township School District Comprehensive Athletic Physical Packet” if they have not already done so for another sport for the 2008–2009 school year. Players can pick-up a packet at the High School Athletic Department or by clicking the corresponding link under the “Forms” section at www.trojanlacrosse.org.
 - Note, until PIAA updates the forms, in Section 2 the parent or guardian should sign in the box adjacent to “Lacrosse – Girls (Spring)” and write “Boys” in place of “Girls.”
 - Players are strongly encouraged to complete the ImPACT Screening Test for concussion identification and management that is further explained in the packet.
 - All questions should be directed to the Athletic Department at (814) 835-5428
 - Completed forms should be submitted to the MBLBC Secretary (not the Athletic Department) on or before September 29, 2008
- ❖ **USLacrosse Membership: Change!** Players are encouraged but no longer required to join (or renew) their membership to USLacrosse. There are many benefits to being a member of this organization and each participant is encouraged to consider what is best for the personal circumstance at www.uslacrosse.org.
- ❖ **Equipment:** Players are responsible for purchasing their own equipment that meet the following criteria:
 - Helmet: Cascade Brand white helmet with a navy visor & navy chin guard
 - Gloves: Navy Blue or Black (May be any brand)

ACKNOWLEDGEMENT OF RISK and WAIVER AND RELEASE OF LIABILITY

DUTY TO WARN - READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the McDowell Boys Lacrosse Boosters Club (RELEASEES) related events and activities, including competition, and related and intending to be legally bound, the undersigned acknowledges, understands and agrees that:

The risk of injury from the activities involved in this program is significant.

These risks include but are not limited to the potential for death, permanent paralysis, wounds, sprains, strains, dislocations, fractures, inflammation, concussion, and heat exhaustion. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for participation.

In addition, I understand that I shall retain responsibility for medical care or treatment and related expenses and for medical and/or hospitalization insurance. I acknowledge that there is no obligation on the part of the organizations listed above, their representatives or agents to provide medical or hospitalization insurance. I agree to indemnify and hold harmless the organizations listed above and their representatives or agents from any expense that may be incurred in connection with participation.

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest coach, official, or club representative immediately.

I, for myself, and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS McDowell Boys Lacrosse Boosters Club their officers, coaches, administrators, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. Further I do hereby certify that my health and medical condition is satisfactory for participation in the sport of lacrosse.

FOR PARTICIPANT (PLAYER)

Date: _____

(Participant Signature)

(Print Participant's Name)

FOR PARENTS/GUARDIANS

This is to certify that I/we, as parent(s)/guardian(s) with legal responsibility for this participant, and intending to be legally bound, do consent and agree to release, discharge, and waive from any liability the Releasees, and, for myself/ourselves, my/our heirs, assigns, and next of kin, I/we release and agree to indemnify and hold harmless the Releasees from any and all liabilities incidents to my/our child's involvement or participation in these programs as provided above, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. Further I/We do hereby certify that our child's health and medical condition is satisfactory for participation in the sport of lacrosse.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

(Print Parent/Guardian Name)

(Print Parent/Guardian Name)

Authorization to Consent to Treatment of a Minor

I, _____, parent or guardian of _____ a minor, do hereby authorize McDowell Boys Lacrosse Boosters Club or their representative(s) bearing this form to act as my agent(s) to consent to any x-ray, examination, anesthetic, medical or surgical evaluation, diagnosis or treatment and care which is advisable by, and is to be rendered under, the general or special supervision of, a licensed physician. This authorization specifically includes hospital admission if such is deemed necessary by the physician.

It is understood that this authorization is given in advance of any specific evaluation, diagnosis, treatment, and care required, but is given to provide authority and power on the part of my aforesaid agent(s) to give specific consent to any and all such evaluation, diagnosis, treatment or care which a physician, in the exercise of his/her best judgement, may deem advisable.

This authorization also grants to my agent(s) the power to sign for release of information to any third party payors who may be responsible for part or all of the cost of services provided.

This authorization shall remain effective from the date of my signature below until December 31, 2009 unless sooner revoked in writing and delivered via certified mail to: PO Box 8044, Erie, PA 16506.

Insurance Company Information

Company Name: _____
Policy or ID #: _____
Group #: _____
Expiration Date (if any): _____

Participant's Information

Patients's Personal Physician: _____
Physician's Phone Number: _____
Significant Medical History, Allergies, or Medications:

(Parent/Guardian Signature) (Date)

(Print Parent/Guardian Name)

(Parent/Guardian Signature) (Date)

(Print Parent/Guardian Name)