

Middle School Fall Ball Lacrosse Registration Packet

Player Information:

_____	_____	_____	_____	_____	_____	_____	_____	_____
First	Middle	Last			Date of Birth	Grade		
_____	_____	_____	_____	_____	_____	_____	_____	_____
Residence Address	City	State	Zip	Height	Weight	Jersey Size	Shorts Size	
_____	_____	_____	_____	_____	_____	_____	_____	_____
Email Address			Cell Phone		USLacrosse (required)	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, US Lacrosse Membership, Fundraising, Physical, & Equipment Requirements

- ❖ **Registration:** Read and complete all sections of this Player Registration Packet. Submit the completed packet along with the fee by October 1, 2008:
McDowell Boys Lacrosse Boosters Club
PO Box 8044
Erie, PA 16506
- ❖ **Fee:** \$50 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.
- ❖ **USLacrosse Membership:** Each player is required, as part of the registration process, to provide proof of being a Youth Member of USLacrosse. A Youth membership costs \$25 per year and provides many benefits including basic and catastrophic accident insurance, general and excess liability insurance, and six issues of *Lacrosse Magazine*. Attach a photocopy of your current registration card or a receipt from the online registration to this Player Registration Packet. Registration can be completed online at www.uslacrosse.org/membership/index.phtml
- ❖ **Fundraising:** Each player will participate in organized fund raising events and generate at least \$30 in fundraising profit for the benefit of the club. Those players who, for whatever reason, do not fulfill this minimum requirement may be billed \$30 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.
- ❖ **Equipment Rental:** We recognize that the initial cost of outfitting a player with all the equipment necessary is a scary proposition especially if you are unsure if your child will enjoy or stick with the game. MBLBC has arranged to have a small supply of helmets, arm pads, sticks, and gloves available for a nominal rental fee. This will allow new players an opportunity to “try it before you buy it.” These rentals will be handled on a first come, first served basis. Each player will be responsible for bringing their own mouthpiece, protective cup, and shoes.
 - Players electing to rent equipment or borrow equipment from other players or coaches do so voluntarily and at their own risk.
 - Failure to return the equipment in a clean, usable condition by October 21, 2008, or upon demand of a club representative, will result in an additional charge for the full retail value of the equipment.
- ❖ **Buying Equipment:** Those players wishing to purchase their own equipment should do so in accordance with the following specifications established to create team uniformity:
 - Helmet: Cascade Brand white helmet with a navy visor & navy chin guard

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

Patient'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)