

SIGNAL MOUNTAIN LACROSSE

2010

REGISTRATION FORM

PRINT CLEAR/ FILL ALL BLANKS

LAST NAME: _____ FIRST NAME: _____ MI _____

ADDRESS: _____ TOWN/CITY: _____ ZIP _____

HOME PHONE: _____ BIRTHDATE: _____

PREFERRED GENERAL CONTACT E-MAIL: _____

FATHER NAME: _____ MOTHER NAME: _____ GUARDIAN: _____

OCCUPATION: _____ OCC: _____ OCC: _____

WORK PHONE: _____ WORK PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ CELL: _____ CELL: _____

E-MAIL: _____ E-MAIL: _____ E-MAIL: _____

PERSON TO NOTIFY IN AN EMERGENCY: _____

PHONE NUMBERS: _____ RELATIONSHIP: _____

DOCTOR TO NOTIFY IN EMERGENCY: _____ PHONE: _____

WE NEED YOUR HELP !!! Many hands make light work. The need for volunteers to assist in any organization is vital to both its success and the enjoyment of all participants. The youth of our community deserve positive experiences for social growth, health, fitness, and discipline. There is no necessary lacrosse experience required, just a positive attitude and a willingness to learn. Please circle below the areas you are willing to consider helping us with as we build a successful youth sports program.

FUNDRAISING PROJECT COORDINATOR HOME GAME VOLUNTEER/TIMEKEEPER SCOREBOOKKEEPER / MANAGER

FIELD MAINTENANCE

COMMITTEE HEAD

COMMITTEE VOLUNTEER

AUTHORIZATION / RELEASE OF LIABILITY:

The undersigned parent or legal guardian of the above named child recognizing that the sport of lacrosse does contain elements of risk and possible injury does hereby consent to and give approval for the above child to participate in any and all program activities during the current seasonal year. I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I assume all risks and hazards incidental to such participation in any and all program activities during the current seasonal year including but not limited to transportation to and from activities. In consideration for U.S. Lacrosse/ SML and its affiliates, accepting the registrant for its lacrosse programs and activities to the extent not covered by insurance programs, I hereby release, waive, discharge, absolve, indemnify, and agree to hold harmless U.S. Lacrosse/ SML, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, officers, board of directors, coaches, assistant coaches, and any person acting by or on behalf of SML against any claim by or on behalf of the registrant arising out of or in any way connected with injury the child may receive while participating in SML activities. My child has received a physical examination by a physician and has been found physically capable of participating in the programs. Therefore, I grant SML, officials, coaches, or persons associated with SML permission to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the child become ill or injured while participating in SML away from home or at any other time when neither parent or guardian is available to grant authorization for medical treatment I also assume the financial responsibility for any medical treatment for my child.

NAME (print): _____ SIGNATURE: _____ DATE: _____

(parent/ guardian)

(parent/ guardian)

**Base fees must be paid in full and all forms completed to begin practice.
There are no refunds of registration fees.**

REQUESTS/ COMMENTS:

MAKE CHECKS PAYABLE TO: SIGNAL MOUNTAIN LACROSSE

SIGNAL MOUNTAIN LACROSSE

EMERGENCY TREATMENT and CONSENT AUTHORIZING TREATMENT FORM

I. EMERGENCY TREATMENT

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without a parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of Signal Mountain Lacrosse, this will allow the hospital to treat the injury. Please have this form notarized prior to turning in to the registrar or coach.

EMERGENCY INFORMATION

Full Name: _____ Squad: _____ Sex: M__ F__

Grade: _____ Age: _____ Date of Birth: / __ / __

Parent's Name: _____
(or Guardian)

Father's SS#: _____ Mother's SS#: _____
(or Guardian) (or Guardian)

Work Address: _____

Phone Number _____

Home Address: _____

Phone Number: _____

Father's Cell Number: _____ Mother's Cell Number: _____

Another Person to Contact in Case of Emergency: _____
Relationship: _____ Phone Number: _____

Insurance Company Name: _____

Policy and Group

Numbers: _____

MEDICAL CONDITIONS:

ALLERGIES: _____

Consent Statement: Authorizing
Treatment

Parent's Signature: _____

Student's Signature (if over age 18): _____

II. PARENTS CONSENT

I hereby give my consent for _____ to represent Signal Mountain Lacrosse
(Name of Athlete) in the sport of Lacrosse in any team
activities, including practices, games, tournaments, and official team gatherings.

SIGNAL MOUNTAIN LACROSSE CLUB

ATHLETE CODE OF CONDUCT

DATE _____

As an honorable student- athlete, I _____ , will, to the
(print name)

best of my ability, seek and act to support and promote the highest ideals of amateur athletics with exemplary and disciplined behavior both on and off the field of play. Whether I am in the classroom, on the practice field, on the game field, or in the community, I will put the ideals of team loyalty, team interest, and team integrity above personal self interest. I pledge to work, train, practice, and compete with dignity using the mechanisms laid out by the coaches to achieve success in my sport of LACROSSE. I will never take the field in practice or in competition intending to maliciously harm a teammate or opponent, but rather approach all situations with sportsmanship and humility. I will follow the instructions and guidelines given to me by my coaches and referees to improve myself and my skills whenever possible. As a varsity level student athlete I am aware that I am more conspicuous in the community and acknowledge that my behavior in any public situation is subject to more scrutiny than a non-athlete, therefore I am clearly responsible at all times to display honorable conduct in all that I do. As an ambassador for Lacrosse, my behavior in public is a reflection of my team and a reflection on my teammates as well as the sport of Lacrosse. If disciplined for inappropriate conduct, I will seek to correct my inappropriate behavior and make amends for the consequences of my actions. I am aware that if I fail to act in a positive and constructive manner towards team rules and guidelines that I may be suspended or removed from the team for a specified or permanent period of time. I agree to abide by, uphold with my teammates, and support all team rules. If I disagree with a situation before me, I will use the appropriate outlets and protest according to team guidelines in a non-confrontational manner without resorting to rumor or gossip in undermining others views or to promote my own views. My participation in the sport of LACROSSE is an opportunity to learn the skills and traditions of this sport and not a privileged right of participation. I look forward to improving myself and my team to pursue victories when possible and strive for the highest caliber of play at all times.

ATHLETE SIGNATURE: _____

WITNESSED (SIGNATURE): _____

WITNESS NAME (PRINT): _____

SIGNAL MOUNTAIN LACROSSE CLUB

PARENT CODE OF CONDUCT

As a parent or guardian, I have read both the high school athlete code of conduct and the team guidelines and rules handbook. By signing below, I acknowledge and agree to the spirit and rule of these documents for my son, daughter, or child that I am responsible for, to participate in the sport of Lacrosse in this organization. I understand that if my child is disciplined beyond minor infractions of team rules, I will be notified by the Head Coach as to the nature of the infraction in writing as well as the recommended punishment or period of suspension forwarded to the Discipline Committee of Signal Mountain Lacrosse within a reasonable time period after the incident has occurred. Furthermore, I agree that any follow up on my part to inquire or protest disciplinary decisions will be addressed directly to the Discipline Committee of the club by the procedure outlined in the team rules handbook. I understand that it is my responsibility as an adult to not promote rumor or gossip regarding any disciplinary situations, whether involving my own child or any other team athletes or personnel, and accept that to do so may jeopardize any appeal procedure or outcome involving my own child.

PARENT OR GUARDIAN SIGNATURE: _____

PARENT OR GUARDIAN NAME (PRINT): _____

WITNESSED (SIGNATURE): _____

WITNESS NAME (PRINT): _____

DATE: _____



Member ID# (if renewing and known) _____ circle one: **Male** **Female**

Name: _____ D.O.B.: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Email address: _____

* Ensure you get all benefits by maintaining a current email address.

STEP 1 - Select your membership category based on your age

- ___ Youth: 15 and under - not H.S. player\$25
- ___ High School: 18 and under.....\$35
- ___ Adult: Ages 18+.....\$50

STEP 2 - Select all categories where you participate:

(You must identify each category of participation to obtain insurance coverage for that category. There is no additional charge for multiple categories)

- ___ **PLAYER**
- ___ **COACH (Check all that apply)**
- | | |
|---|---|
| Men's | Women's |
| <input type="radio"/> Youth | <input type="radio"/> Youth |
| <input type="radio"/> HS Assistant for JV/Varsity | <input type="radio"/> HS Assistant for JV/Varsity |
| <input type="radio"/> HS JV Head Coach | <input type="radio"/> HS JV Head Coach |
| <input type="radio"/> HS Varsity Head Coach | <input type="radio"/> HS Varsity Head Coach |
| <input type="radio"/> HS Club | <input type="radio"/> HS Club |
| <input type="radio"/> College Club | <input type="radio"/> College Club |
| <input type="radio"/> College Assistant | <input type="radio"/> College Assistant |
| <input type="radio"/> College Varsity Head | <input type="radio"/> College Varsity Head |
| <input type="radio"/> Post-Collegiate Club | <input type="radio"/> Post-Collegiate Club |

*For information on becoming a CEP certified coach please visit: www.uslacrosse.org/cep.

- ___ **OFFICIAL (Check all that apply)**
- | | |
|---------------------------------------|----------------------------------|
| Men/Boys' | Women/Girls' |
| <input type="radio"/> Youth | <input type="radio"/> Youth |
| <input type="radio"/> High School | <input type="radio"/> Apprentice |
| <input type="radio"/> Post-Collegiate | <input type="radio"/> Local |
- If you are a college official or assignor, contact US Lacrosse for the appropriate form.
- If your umpire level is district or higher, contact US Lacrosse for the appropriate form.

Enter your District Number _____ Enter your Local Board _____

(Contact US Lacrosse if you do not know your district or board.)

All official category memberships expire 9/30, regardless of date joined.

Officials and coaches receive one rulebook complimentary and may purchase additional rulebooks at \$8 each. Please indicate number for each type:

- | | |
|---|----------------------------|
| ___ Men's NCAA | ___ Women's NCAA |
| ___ Men's HS/Youth (Federation) | ___ Women's HS/Youth (USL) |
| Total additional rulebooks purchased _____ @ \$8 each _____ | |

___ **FAN** (for members who do not participate as a player, coach or official)

Chapter Information: A portion of your dues will be paid to your local Chapter covering your zip code, unless you indicate a different Chapter here (see website for listing):

Charitable Information: Please consider a tax-deductible gift to support the growth of lacrosse nationwide!
US Lacrosse Fund \$ _____ Your total Fee \$ _____

STEP 3 - Complete your payment information

- Payment Information:**
- Check Enclosed (payable to US Lacrosse)
 - Credit Card Card Number: _____
Expiration Date: _____ / _____
Name on Card (if different than above): _____
Address (if different than above): _____

STEP 4 - Please sign waiver to the right

ENROLLMENT FORM AND MEMBER AGREEMENT

Insurance Information

All categories except "Fan" include comprehensive secondary lacrosse insurance and must sign below. Insurance information, including claim forms, can be found on our website: www.uslacrosse.org.

Signature Required for Acceptance of Membership

In consideration of my membership in US Lacrosse, and my participation in US Lacrosse sanctioned, recognized or sponsored events ("Covered Events"), I agree to the following:

- 1. Waiver and Release:** I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that US Lacrosse, the host organization and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization 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 a Covered Event. This Waiver & Release shall also be for the benefit of and run in favor of any youth organization that requires participants to become members of US Lacrosse as a condition to their participation in such organization's youth lacrosse events, which shall constitute Covered Events for purposes of this Waiver & Release, and any such youth lacrosse league shall constitute the host organization for such Covered Events.
- 2. Medical Attention:** I hereby give my consent to US Lacrosse and the host organization of any Covered Event 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 Covered Events.
- 3. Readiness to Compete:** I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete.
- 4. Information Certification:** I certify that all information provided by me in this application, including without limitation my membership category, is true, accurate and complete and I understand that any untrue, inaccurate or incomplete statement or information will automatically invalidate my membership and all of the benefits of membership in US Lacrosse.
- 5. Code of Conduct:** I agree to all terms on the reverse side of this form (refers to accepted US Lacrosse/Positive Coaching Alliance Code of Conduct).

Participant Primary Medical Insurance Carrier is: _____

Policy Number: _____

If participant is under 18, then a parent or legal guardian of this participant must sign.

As member, or as parent or legal guardian of a member under 18, I hereby verify by my signature below that I fully understand and accept each of the above conditions.

Signature: _____

Date: _____

Printed Name of signor: _____

Membership is annual and non-refundable
We suggest you renew online for the fastest and most efficient process:
www.uslacrosse.org

US LACROSSE

Code of Conduct

US LACROSSE AND THE POSITIVE COACHING ALLIANCE

Lacrosse is the oldest American sport. Native Americans played lacrosse centuries ago, long before our colonies were settled. Through lacrosse, Native Americans celebrated and emphasized their spiritual and cultural values.

In an effort to promote appropriate values in the modern game, US Lacrosse has partnered with the Positive Coaching Alliance to promote positive coaching and good sportsmanship for all levels of lacrosse. US Lacrosse has included the following "Lacrosse Code of Conduct" as part of its membership application to encourage and foster appropriate values in players, coaches, parents, officials and spectators. US Lacrosse believes that it should be a priority of every lacrosse player, team, program and league to "Honor the Game."

US LACROSSE CODE OF CONDUCT

Players, coaches, officials, parents and spectators are to conduct themselves in a manner that "Honors the Game" and demonstrates respect to other players, coaches, officials, parents, spectators and fans. In becoming a member of the lacrosse community an individual assumes certain obligations and responsibilities to the game of lacrosse and its participants. The essential elements in this "Code of Conduct" are HONESTY and INTEGRITY. Those who conduct themselves in a manner that reflects these elements will bring credit to the sport of lacrosse, themselves, their team and their organization. It is only through such conduct that our sport can continue to earn and maintain a positive image and make its full contribution to amateur sports in the United States and around the world. US Lacrosse supports the following behaviors for those who participate in the sport or are involved in any way with US Lacrosse. The following essential elements of the "Code of Conduct" must be followed:

- + Sportsmanship and teaching the concepts of fair play are essential to the game and must be taught at all levels and developed both at home and on the field during practices and games.
- + The value of good sportsmanship, the concepts of fair play, and the skills of the game should always be placed above winning.
- + The safety and welfare of the players are of primary importance.
- + Coaches must always be aware of the tremendous influence they have on their players. They are to strive to be positive role models in dealing with young people, as well as adults.
- + Coaches should always demonstrate positive behaviors and reinforce them to players, parents, officials and spectators alike. Players should be specifically encouraged and positively reinforced by coaches to demonstrate respect for teammates, opponents, officials and spectators.
- + Players should always demonstrate positive behavior and respect toward teammates, opponents, coaches, officials, parents and spectators.
- + Coaches, players, parents and spectators are expected to demonstrate the utmost respect for officials and reinforce that respect to players/teammates. Coaches are also expected to educate their players as to the important role of lacrosse officials and reinforce the ideal of respect for the official to players/teammates.
- + Grievances or misunderstandings between coaches, officials or any other parties involved with the sport should be communicated through the proper channels and procedures, never on or about the field of play in view of spectators or participants.
- + Officials are professionals and are therefore expected to conduct themselves as such and in a manner that demonstrates total impartiality, courtesy and fairness to all parties.
- + Spectators involved with the game must never permit anyone to openly or maliciously criticize, badger, harass or threaten an official, coach, player or opponent.
- + Coaches must be able to demonstrate a solid knowledge of the rules of lacrosse, and should adhere to the rules in both the letter and the spirit of the game.
- + Coaches should provide a basic knowledge of the rules to both players and spectators within his/her program. Attempts to manipulate rules in an effort to take unfair advantage of an opponent, or to teach deliberate unsportsmanlike conduct, is considered unacceptable conduct.
- + Eligibility requirements, at all levels of the game, must be followed. Rules and requirements such as age, previous level of participation, team transfers, etc, have been established to encourage and maximize participation, fair play and to promote safety.

For more information call: 410.235.6882 x102

To renew, choose one of the following:

Mail to: 113 West University Pkwy • Baltimore, MD 21210-3300

Fax to: 410.843.0390

Log on to: www.uslacrosse.org