

# Coastal Lacrosse Club

## 2010 Season Player Participation Form

### *PLAYER INFORMATION*

Player's Name: \_\_\_\_\_  male  female Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Alternate E-Mail Address for Notifications: \_\_\_\_\_

### *PARENT INFORMATION*

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### *MEDICAL INFORMATION*

Does your child have any medical problems such as: asthma, seizures, diabetes, allergies, nose bleeding, or attention disorders?

Yes  No If yes, please explain. \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I give permission for my child to receive emergency medical treatment if necessary. I hereby authorize Coastal Lacrosse Club to consent to medical treatment for my child. I understand that every attempt will be made to contact me before taking this action.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

### **Consent and Liability Waiver-Release of all claims (must be signed to participate)**

I, the parent/guardian of \_\_\_\_\_ and with legal responsibility for him/her do acknowledge and agree that: (1) the risk of injury from participating in lacrosse is significant and does exist; (2) I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my child's participation in various events; (3) My child and I agree to follow all laws, rules, and guidelines regulating the conduct of the league; (4) I understand and agree that my child and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained the equipment from Coastal Lacrosse Club; and (5) my child has been examined by a physician and is fit and able to play the game of lacrosse. I, as parent/guardian of the applicant, acknowledge the above (5) statements and for myself, heirs, assigns, and next of kin agree to indemnify and hold harmless Coastal Lacrosse Club, Inc. Board of Directors, coaches, administrative staff and other involved parties from any and all liabilities, claims, demands, and causes of action whatsoever resulting from my child's participation in the various events.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\$100.00 League Fee for the 1<sup>st</sup> child registering      Scoopers \$50.00      Special Family Discount \$75.00 Sibling League Fee

(This fee includes your \$25.00 US Lacrosse Membership)

Please mail registration to: Coastal Lacrosse Club 12501 Nature Park Drive Ocean City, MD 21842

Make checks payable to: **COASTAL LACROSSE CLUB**

**Total Amount Enclosed:** \_\_\_\_\_

Please don't forget to enclose your US Lacrosse Form, Team Gear Order form and payment for your skirt (\$20) or shorts (\$24).

Enclosed: \_\_\_ Registration Form \_\_\_ Signed Waiver \_\_\_ US Lacrosse Form \_\_\_ Team Gear Order Form \_\_\_ Payment

We need your help. Would you be interested in coaching or volunteering for Coastal Lacrosse? \_\_\_\_\_

For more information, please visit us at [www.coastallaxclub.com](http://www.coastallaxclub.com)

CLC Authorization \_\_\_\_\_

## *Parent Code of Conduct*

As a parent, you play a special role in the development of your player, and of his/her teammates. Your encouragement and good example will do more to ensure good sportsmanship and self-discipline than any other influence.

I therefore agree that:

- \* I will do my best to make sports fun for my child.
  - \* I will remember that children participate to have fun and that the game is for youth, not adults.
  - \* I will learn the rules of the game and policies of the league.
  - \* I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
  - \* I will refrain from making unsportsmanlike comments.
  - \* I will refrain from coaching my child and other players from the sidelines.
  - \* I will use only positive encouragement to either team from the sidelines.
  - \* I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, gender, creed or ability.
  - \* I will conduct myself with dignity and encourage the same behavior from others.
  - \* I will accept the decisions of the officials and coaches without argument or derogatory comments.
- Coastal Lacrosse Club will not tolerate conduct that is detrimental to the sport. Such negative conduct includes: vulgarity by coaches, players or parents; harassment of officials, coaches or players; verbal abuse, threats or physical violence toward anyone before, during, or after the game; and taunting of opposing players, coaches, and parents.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but not limited to the following:

- \* Verbal warning by official, head coach, and/or Coastal Lacrosse Club administrator.
- \* Written warning.
- \* Parental game suspension with written documentation of incident kept on file.
- \* Game forfeiture.
- \* Parental season suspension.

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Parent/Guardian Signature

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Date

## *Player Code of Conduct*

- \* Play for FUN!
- \* Work hard to improve your skills.
- \* Learn teamwork and sportsmanship.
- \* Be on time for practices and games.
- \* Learn the rules and play by them.
- \* Always be a good sport.
- \* Respect your coach, your teammates, your parents, opponents, and officials.
- \* Never argue with an official's decision.

By signing below, I agree that I will abide by aforementioned rules and regulations.

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Player's Signature

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Date

