



Warrior Lacrosse

HIGH SCHOOL GIRLS

Player Sign-up Form

2010 Season

Vanessa French - coach

Team Reps. Laurie Rocchio: laurocchio@embarqmail.com

& Cheri Pescio: JPescio3@cox.net

Player's Last Name: _____ First Name: _____

School: _____ Grade: _____ Age: _____ Date of Birth: ____/____/____

Address: _____

Home Phone #: _____ Players' Cell #(s): _____

Parents' Names: _____ Parents' Cell #'s _____

* E-Mail Address (Player): _____@_____

*E-mail Address (Parent's) _____@_____

*** This is extremely important as it's our principal means of
Communicating with parents and players.**

Previous lacrosse experience (circle): 0 1 2 3 4 years

Desired Top (Adult) Size: Small___ Medium___ Large___ XLarge___ 2XLarge___

Desired Shorts (Adult) Size: Small___ Medium___ Large___ XLarge___ 2XLarge___

Parent Volunteer Opportunities

We need you! Our program is completely run by parent volunteers. Please sign below if you can help us with some of the following things. 😊

PARENT NAME/ PLAYER NAME	PHONE	EMAIL

Please check off any areas you might be willing to help. THANK YOU!!

- Lacrosse Committee Member
- Coordinate Carpools for games or tournament
- Coordinate water/Gatorade for games
- Scorekeeper (we will train you!)
- Timekeeper (we will train you!)
- Lining Field before games
- Help Coaches at practices**

SPONSORSHIPS CAN BE SOLO OR A COMBINED EFFORT

- Sponsor for practice pinnies
- Sponsor for team lunch at tournament
- Sponsor for end of season party
- Sponsor for general needs

Middle School
_____ **LACROSSE CLUB**
WAIVER AND RELEASE OF LIABILITY

In consideration of my participation as a Player for the Henderson Lacrosse Club (HLC) which includes _____ Middle School players and my participation in US Lacrosse recognized or sanctioned events, I agree to the following:

Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that US Lacrosse, the Las Vegas Lacrosse Association (LVLA), HLC, and sponsors of any US Lacrosse recognized or sanctioned event, along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.

Medical Attention: I hereby give my consent to US Lacrosse, the local host organizations (Henderson Lacrosse and LVLA) and any other sponsors of any US Lacrosse recognized or sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in US Lacrosse recognized or sanctioned events.

Readiness to Compete: I will only participate in those US Lacrosse competitions or activities in which I believe I am physically and psychologically prepared to participate.

Code of Conduct: I have read and agree to all terms in the Code of Conduct on the second page of this form, especially with regard to my responsibilities as a Player.

Signature of Participant: _____ Date: _____

Name of Participant (Print): _____

Participant Primary Medical Insurance Carrier: _____

Policy Number: _____

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD: As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in any US Lacrosse, HLC or LVLA recognized or sanctioned event, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

Signature of Parent/Guardian Printed Name of Parent/Guardian Date

LACROSSE MEDICAL EMERGENCY CARD

Parents:

Lacrosse is a physically demanding contact sport. All players should be evaluated by a physician prior to participation. After clearance to participate from your physician, please fill out the Medical Emergency Card below. This card is for coaches and team officials use only. Your signature below indicates not only consent for treatment, but acknowledges to the Henderson Lacrosse Club (HLC) that your child has been found by a physician to be suited to the physical demands of the sport. Any medical conditions disclosed below will be held in strict confidence by coaches and other officials of the HLC.

Player Name _____ Birth date: Mo _____ Day _____ Yr _____

Age as of January 1, 2010 _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Father's Name _____ Address _____

Father's employer _____ Father's Daytime/Cell Phone _____

Mother's Name _____ Address _____

Mother's Employer _____ Mother's Daytime/Cell Phone _____

Family Doctor _____ Phone _____

Person to notify if parents can't be reached:

Name _____ Relationship _____

daytime phone _____

SPECIAL INFORMATION REGARDING MEDICAL HISTORY:

CONSENT TO MEDICAL TREATMENT:

If the above named participant needs emergency medical treatment and neither parent nor the family doctor can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Parent/Guardian Print Name Date