



# Alpharetta Lacrosse Club (ALC)

## Fall 2015 Lacrosse Team Registration Form

### ATHLETE INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ AGE (9/1/15): \_\_\_\_\_ GRADE (2015/2016 Year): \_\_\_\_\_

US LACROSSE #: \_\_\_\_\_ POSITION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PLAYER EMAIL: \_\_\_\_\_

PINNIE SIZE (circle): Boys M/L | Men's S/M | Men's M/L | Men's L/XL T-SHIRT SIZE (circle): YM | YL | YXL | S | M | L | XL | XXL

PARENT #1: \_\_\_\_\_ PARENT #2: \_\_\_\_\_

CELL PHONE #1: \_\_\_\_\_ CELL PHONE #2: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

### INSURANCE & EMERGENCY CONTACT INFORMATION:

PRIMARY POLICY HOLDER'S NAME: \_\_\_\_\_

EMPLOYER / COMPANY NAME: \_\_\_\_\_

INSURANCE COMPANY NAME: \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_ POLICY NUMBER or ID: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### FEES & REGISTRATION DEADLINE:

PLAYER FEES: \$325/player | Payable to Alpharetta Lacrosse Club

MAIL TO: Dina Miller, 820 Stonehaven Lane, Alpharetta GA 30005  
Or bring to Booster Meeting at AHS on August 31

DEADLINE:, August 31, 2015



### **EXPECTATIONS OF THE PLAYERS:**

Lacrosse is a demanding sport that requires time, energy and mental focus from the players, parents and coaches. The coaches have committed their time to helping each player to become the best you can be. Your coaches and fellow players expect your complete commitment to the team. This means each player in the program will:

- Demonstrate teamwork and strive to achieve team unity,
- Be on-time and dressed appropriately for all practices and games,
- Show respect to the coaches, parents, fellow players, opponents and referees,
- Maintain good sportsmanlike conduct and a positive attitude at all times,
- Be enthusiastic, willing to learn and accept constructive criticism,
- Be willing to practice on your own,
- Give 100% effort at all times while on the field,
- Notify coaches in advance of all absences,
- Support and represent Alpharetta Lacrosse programs (ALC, AHS, Jr. Raiders) in a positive way in the community,
- Discuss concerns with coaches in a 1:1 setting away from games and practices,
- Balance school, family, spiritual, and other commitments to ensure lacrosse is a priority,
- Never yell, swear-at, or criticize other team-mates, coaches, referees, other teams, spectators, etc. Fighting, cursing, unsportsmanlike conduct, childish behavior, and/or negative and disruptive behavior will not be tolerated and may result in you being asked to leave or even potentially removed from the program permanently.

### **EXPECTATIONS OF THE PARENTS:**

Thank you for the opportunity to develop this unique club/coach/player/parent relationship with your family. Field time, whether in practice or a game, is our time. It is important that all parents respect the time commitment that the coaches, fellow players and their parents have made to the success of the program. For this reason, we ask all parents to:

- Support the coaches, Board members, and volunteers in creating a solid foundation for success,
- Maintain a positive attitude at all times,
- Set the example by showing respect to coaches, parents, fellow players, opponents and referees,
- Never criticize your child and never criticize someone else's child,
- Refrain from coaching from the sidelines during practices or games,
- Support and represent Alpharetta Lacrosse programs (ALC, AHS, Jr. Raiders) in a positive way in the community,
- Discuss concerns with coaches in a 1:1 setting away from games and practices,
- Understand that negative and/or disruptive behavior will not be tolerated and may result in you and/or your child being asked to leave or even potentially removed from the program permanently.

### **RELEASE OF LIABILITY:**

As a participant, and/or parent / guardian of a participant in an Alpharetta Lacrosse Club activity, program, camp, clinic, or team, I recognize and acknowledge that there are certain risks of physical injury associated with the sport of lacrosse and I agree to assume the full risk and liability for any injuries (including death), damage, or loss which I or my minor child may sustain as a result of participating in any and all activities connected-to or associated-with the Alpharetta Lacrosse Club. I agree to waive and relinquish all claims I or my child may have against the Alpharetta Lacrosse Club, its members, supporters, sponsors, volunteers, staff, Officers, Board of Directors, and Coaches, as well as Alpharetta High School, Alpharetta High School Men's Lacrosse Booster Club as a result of participating in any and all activities connected-to or associated-with the Alpharetta Lacrosse Club. I further agree and represent that the participant has been examined by a physician and is physically fit and able to participate in lacrosse activities. In the event of emergency, I also give permission to have my child treated by a physician if necessary.

### **ACCEPTED & AGREED:**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PLAYER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_