

SPRING LAKE LACROSSE CLUB

High School

SPRING 2010 - REGISTRATION

Welcome to Spring Lake Lacrosse Club's first High School Season!

- Spring Lake Lacrosse Club is open to all 9th-12th grade students.
- The club is planning on two high school teams this year along with the continuation of last years successful 5/6 and 7/8 grade teams.
- Games are currently being scheduled with other local high school teams. Practice will begin in March with games starting after Spring Break and running through the end of May.
- SL Lacrosse Club will provide game uniforms. The athlete provides their cleats and equipment. Lacrosse equipment costs can range between \$200-\$300 for pads, gloves, helmet and stick.
- Equipment professionals (Athletes Connection, Grand Rapids MI 616-447-8900) will be available at the November 10th meeting for equipment fittings and sales. They will be able to offer pre-season discounts for early orders.
- Spring Lake Lacrosse Club will be open to all. Lack of funds will not be a barrier to an athlete participating. Financial Assistance will be available for anyone needing help with registration fees or equipment.

The club has tried to keep the fees as low as possible for this inaugural high school season.

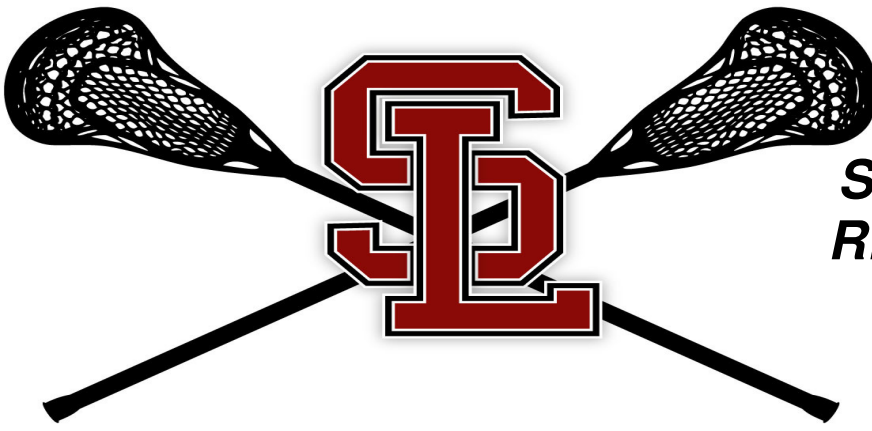
The registration fee for the season will be \$175 and includes:

- Coaching, games, tournament registration, ref fees, team equipment, and US Lacrosse fee.
- **US LACROSSE Membership:** The Spring Lake Lacrosse Club requires that all players have a US Lacrosse membership for insurance purposes. To streamline this process, US Lacrosse membership has been included in your registration fee. Information regarding this group is included in this packet. Info can also be obtained by going on-line to www.uslacrosse.org/index.phtml.

If you have any questions please contact any of the following SLLC board members:

Coach Doug Sharp	dsharp22@live.com	616-204-5416
Nina McKeough	nina@mckeough.com	
Mike Bouman	mike@pioneerinc.com	616-889-5350
Kelly Palmer	kspalmer@chartermi.net	

www.springlakelacrosse.org



**Spring Lake Lacrosse
REGISTRATION FORM
High School
SPRING 2010**

REGISTRATION INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____ LAX Experience: Beginner - 1yr - 2yr - 3yr

School: _____ Grade: _____ Positions Played: Attack, Midfield, Defense, Goalie

Parent:

Name: _____ Home Phone: _____

Address: _____ City & Zip Code: _____

Email: _____ Work or Cell Phone: _____

(Important! Stay informed! All communications primarily conducted via email.)

Parent:

Name: _____ Home Phone: _____

Address: _____ City & Zip Code: _____

Email: _____ Work or Cell Phone: _____

Emergency Contact:

Name: _____ Phone: _____

FEES:

Spring Lake Lacrosse Club will be open to all. Lack of funds will not be a barrier to an athlete participating. Financial Assistance will be available for fees and equipment. Contact any of the board members for more information.

High School Registration Fee: \$175.00 Check #: _____ Cash: _____ Registrar: _____

Please make checks payable to: Spring Lake Lacrosse Club

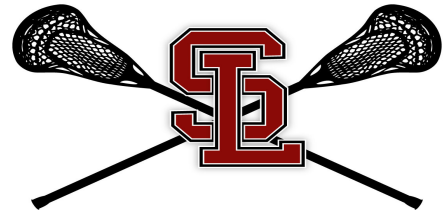
REGISTRATION DEADLINE: February 1, 2010

Registration forms may be mailed to: Kelly Palmer, 15344 Oak Point Dr, Spring Lake MI 49456

www.springlakelacrosse.org

SPRING LAKE LACROSSE CLUB

Parental Consent Form



PLAYERS NAME: _____

PHOTO RELEASE:

I understand that photography and/or video of participants may be procured during activities and used in promotional materials, including publication on the Spring Lake Lacrosse Club website. I consent to the use of images or likenesses of my child/ward for promotional purposes by the Spring Lake Lacrosse Club.

Parent/Guardian Permission Signature _____ Date _____

WAIVER AND RELEASE:

My child/ward is in good health and has my full permission to participate in the Spring Lake Lacrosse program. My child/ward has no existing or prior sickness, illness, disease or bodily injury that is contradictory to participation. I fully understand that lacrosse is a contact sport and that physical injury may occur during the course of participation. I certify that my child/ward has my permission and consent to participate in the Spring Lake Lacrosse Club program during the coming season. I fully release and hold harmless the Spring Lake Lacrosse Club, its teams, coaches, field directors, managers, referees, sponsors, Board of Directors, officers, Spring Lake Public Schools or any others connected to the club for injuries sustained by my child in practice, game play or while being transported to or from Spring Lake Lacrosse Club activities. Furthermore, I agree that I will not hold any doctor, nurse, team, coach or league official responsible for the consequences of any voluntary medical or first-aid treatment administered to my child as a result of any injury sustained in connection with Spring Lake Lacrosse Club activities.

Parent/Guardian Signature _____ Date _____

Relationship to participant _____

MEDICAL TREATMENT PERMISSION

Known Medical Conditions: _____

Current Medications: _____

Primary Care Physician: _____ Primary Care Phone: _____

Insurance Company: _____ Insurance Co. Phone: _____

Policy & Group #: _____

Local Hospital Preference: _____

We (I) hereby authorize any member of the Spring Lake Lacrosse Club Board of Directors, the Team Head Coach, Assistant Coach, or Team Manager to obtain medical treatment for the above named student athlete in our absence.

Signature of Parent/Guardian

Date



US Lacrosse Membership:

US Lacrosse membership includes comprehensive secondary lacrosse insurance. Insurance information, including claim forms, can be found on the US Lacrosse website: www.uslacrosse.org

Signature Required for Acceptance of Membership

In consideration of my membership in US Lacrosse, and my participant in US Lacrosse sanction, 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 attached US Lacrosse Code of Conduct form. (Refers to accepted US Lacrosse/Positive Coaching Alliance Code of Conduct).

As parent or legal guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions.

Participant: _____

Parent/Guardian signature: _____

Printed name of Parent/Guardian: _____

Relationship to participant _____ Date: _____



Spring Lake Lacrosse Parent Volunteers

Player's Name: _____

Parent: _____

Phone: _____

Email: _____

Parent: _____

Phone: _____

Email: _____

Please review the list of needs and sign up the area that most interests you!

- Club Fundraising** – Can Drives, apparel sales, food sales ???
- Corporate Fundraising** – Corporate sponsorships, program ad sales
- Coaching Assistance** – Assist coaches at practices and games
- Team Manager** – Assist coaching staff with email updates, handouts, coordinating volunteers, snacks, end of season party, awards.
- Equipment Coordinator/Assistant** – equipment storage, inventory, distribution, end of season collection and determine procurement needs.
- Registration/Secretary/US Lacrosse Liaison** – responsible for recording all players' info into main club database, work with Division rep on correspondence/communication and other TBD needs.
- Team Involvement** – Game day assistance, clock, score/stats, plan end of season celebration, take photos. (circle areas of interest)
- Other:** _____

Do you have any fundraising ideas that could be done by the club or players to raise money for dues and equipment scholarships?
