

2017 BYSA, BARRE LACROSSE REGISTRATION

(Please note, there is a separate registration form for the K-2 Program located on the City of Barre website)

ATHLETE NAME: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

BIRTHDATE: _____ YEARS PLAYED: _____ Gender: Male _____ Female _____

SCHOOL: _____ GRADE: _____

T-SHIRT SIZE (please circle size): YOUTH: S M L XL ----- ADULT: S M L XL

Registration is a multiple step process (not required for the K-2 Program – separate registration for K-2):

Step 1 – Membership with US Lacrosse is required prior to participation

Register at <http://www.uslacrosse.org/membership.aspx> US LACROSSE # _____

(NOTE: BYSA will verify US Lacrosse number and contact you if membership is not current)

Step 2 – Register with BYSA (**Deadline is March 23, 2017**) – checks payable to **BYSA Lacrosse**

Grades 3/4 (U11) - \$35.00 (\$50.00 if registering after deadline)

Grades 5/6 (U13) and **7/8** (U15) - \$50.00 (\$65.00 if registering after deadline)

BYSA, Barre lacrosse will not accept late registrations for teams that are full after March 23, 2017. There will be a \$15.00 late charge for any registration received after March 23, 2017 for any team that is not full. The \$15.00 late-registration fee will be waived for any new, first-year player who is registering for a team that is not full after March 23, 2017.

Step 3 – Option of either participating in fundraiser or pledging a \$25.00 donation (per player) to the program.

Checks payable to **BYSA Lacrosse** (Funds raised from registrations, fund-raising, donations, and concessions will be used for facility/field fees, administrative and program costs, including referee fees.)

PARENT / RESPONSIBLE ADULT CONTACT INFORMATION

Contact#1: _____ Relationship: _____

E-MAIL: _____ Cell#: _____ Home# _____

Contact#2: _____ Relationship: _____

E-MAIL: _____ Cell#: _____ Home# _____

*****REQUIRED*****

BYSA cannot have athletes registered without medical/insurance information on file.

MEDICAL/HOSPITAL INSURANCE COMPANY: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

INSURANCE CO. PHONE _____ NAME OF POLICY HOLDER: _____

Payment, cash or check number _____ Total \$ _____ Fundraiser Packet Received: Yes No

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ADDITIONAL EMERGENCY INFORMATION

In case of emergency when parent/responsible adult cannot be reached, please contact the following:

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

MEDICAL/CONTACT INFORMATION if your child has any allergies and/or medical issues that could impact the safety of the game for them, please list them here:

Allergies and/or Current Medications: _____

Other Medical Conditions: _____

Physician: _____ Phone: _____

NOTE: THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE A PLAYER BEGINS PARTICIPATION. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I realize that lacrosse can be a fairly rough sport and injury may occur through no fault of BYSA or any of its agents. I understand that BYSA may need to seek treatment in the event that I am unreachable and my child requires emergency medical care. Being aware of these things, I give my consent for my child to participate and receive treatment if necessary.

EMERGENCY MEDICAL and HOLD HARMLESS RELEASE OF LIABILITY WAIVER

Player's Name (Program Waiver applies to): _____ Birth date _____

(SIGNATURE IS REQUIRED FOR ACCEPTANCE OF MEMBERSHIP) In consideration of my membership as a Player in US Lacrosse, 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 host organization, 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. I understand this waiver includes any claims based upon negligence, action or inaction of any of the above parties.

Medical Attention: I hereby give my consent to US Lacrosse and the host organization 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 third page of this form, especially with regard to my responsibilities as a Player.

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 recognized or sanctioned event, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

PHOTO WAIVER

Participants or their parent (if participant is under the age of 18) permit the taking of photos, video and audio tapes during BYSA Lacrosse programs and events for the publication in BYSA Lacrosse brochures, website, advertising and use as BYSA Lacrosse deems necessary.

In addition, I will be responsible for the care and prompt return of my child's clean uniform.

PARENT SIGNATURE: _____ **DATE:** _____

ATHLETE SIGNATURE: _____ **DATE:** _____

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US LACROSSE YOUTH COUNCIL EVENT PARTICIPATION CONTRACT & PLEDGE

I, as a player, coach, parent, spectator or official, pledge to conduct myself in a manner that complies with the US Lacrosse Youth Council "Code of Conduct" at all times. Accordingly, I pledge to:

1. Honor the Game;
2. Demonstrate respect to other players, coaches, parents, officials and spectators;
3. Uphold the essential elements of the USL Youth Council "Code of Conduct", which are HONESTY and INTEGRITY;
4. Demonstrate and encourage good sportsmanship and the concepts of fair play;
5. Focus on fun and participation;
6. Know and abide by the Rules of Lacrosse, the established guidelines, and all eligibility requirements;
7. Understand that the safety and welfare of all concerned is the top priority;
8. Support the drug, alcohol, and tobacco-free environment that is important for all youth sporting events;

Further, I pledge NOT to:

1. Ever use profanity at a youth event;
2. Criticize coaches, players or game officials;
3. Touch an opposing player, coach, or game official in a threatening manner.

Players and parents must be agreeable to the major commitment of time and energy to lacrosse during the active season, which will begin in March and, including tournaments, may last through the end of June, including optional pick-up games through July, when offered. Once registered, players are expected to fulfill their commitment to the team for the entire season. Conflicts with outside activities or other teams should be avoided. Failure to honor such commitments may, at the discretion of the coaching staff, result in diminished play time for the player.

BYSA is an organization run primarily by parent volunteers.

For each child you have registered with BYSA Lacrosse, a parent/adult family member must volunteer to supply a donation and/or cover the concession stand, clock, timekeeper, etc. during home games. These shifts will be assigned by the Concession Director and/or the team parent representative by team/level.

Once you sign up for your shifts, you are responsible for those shifts. If you cannot work, then you must find a replacement. If your replacement doesn't show up then you will still be responsible for selecting another shift.

This contract and pledge must be signed by any player, coach, official, and parent who wishes to participate in any US Lacrosse Youth event.

By signing this document, I agree to abide by and uphold the above-stated "Code of Conduct".

Player, Coach, Parent (MUST BE SIGNED BY ALL PARENT/RESPONSIBLE ADULTS LISTED ON PAGE ONE)

ROLE (Player, Parent, Coach):	NAME (Printed):	SIGNATURE:	DATE:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHAPTER / TEAM AFFILIATION – BARRE YOUTH SPORTS LACROSSE