



SW Washington Lacrosse

“...bringing the sport of Lacrosse to the youth of the SW Washington”

Please complete all information on the *SW Washington Lacrosse 2012 Spring Season* application. (Youth Lacrosse – Grade 3–8)

Please read the **Wavier, and Code of Conducts** on application. Parent and participant signature is required. Incomplete applications will be returned and may subject you to a late fee charge. *Participant/player must sign the application and code of conduct.*

MEDICAL INSURANCE: USL Membership provides secondary insurance on your primary Insurance. All SWWLA players are required to have a primary medical insurance.

Communication: ALL official and unofficial communication is done via email. Email address is collected during Spring Season Registration. Please make sure you include your home email address. Unless a work email address is accessible from home, please do not use it.

Volunteering/Volunteer Opt-out Compliance: SW Washington Lacrosse is a non-profit youth sports organization that needs and welcomes your assistance. We offer a wide range of opportunities to help support programs for children of all ages and abilities. SWWLA is always seeking volunteers to help with coaching, managing and special events. If you have a player involved we would like your help in making this the most successful program in SW Washington.

Volunteer "Opt out" Fee: The SW Washington Lacrosse Association has adopted a volunteer "Opt out" fee similar to other youth sports organizations. It takes a lot of volunteers to run the Lacrosse program, some positions involving much time and others just a few hours. The Association requests that at least one parent from each family sign up for a minimum of one volunteer position. For those unable to commit to do so, the SWWLA offers a Volunteer Opt-out option in which a family can pay a \$25 fee in lieu of volunteering. During the online registration process, you will be asked to go to the Volunteer option to choose a volunteer position or opt out fee. All the volunteer positions, as well as the Opt-out option, are available on this form for you to choose from.

Boy's Registration fee: Grade 3–4 \$145 | Grade 5/6 \$165 | Grade 7/8 \$175

Payable to: SW Washington Lacrosse. **Your cancelled check is your receipt.**

Mail to: *SW Washington Lacrosse*, 9707 NE 102nd Street, Vancouver, WA 98662

REGISTRATION FORM FOR 2012 YOUTH LACROSSE SEASON

Visit www.swwashingtonlacrosse.org for Online Registrations

(Teams fill up on a first come basis. Registrations received after a team fills up will be placed on a waiting list until a possible 2nd team can be made.)

Player's Name	_____	Birth date	_____
Please select one:	Boys Youth Program Girls Youth Program	Gender:	Male Female
Home Address, City, ST, Zip	_____		
Telephone #	_____	2011-12 Grade	_____
		School	_____
Parents Name	_____		
	EMAIL _____		
Address, if different	_____		
Home Phone #	_____	Work Phone #	_____
		2nd EMAIL	_____
Emergency Contact	_____		Phone # _____
Relevant medical problems	_____		
Medical Insurance Info:	_____		
	Policy #		_____
Doctor Name	_____		Phone # _____

STATEMENT OF INDEMNIFICATION

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 SWWLA, 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.

CONSENT FOR MEDICAL TREATMENT (MINOR)

Medical Attention: I hereby give my consent to SWWLA 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.

PHOTOGRAPH, MEDIA & VIDEO AUTHORIZATION:

PHOTOGRAPH, MEDIA & VIDEO AUTHORIZATION: I hereby consent that photographs or video tapes of my child, may be taken or used by the SWWLA for educational or other purposes consistent with the purpose and mission of the SWWLA Lacrosse. I further agree that said materials shall become the property of the SWWLA, and I hereby release and discharge the SWWLA Lacrosse Camp, its representatives from any and all claims that may arise by reason of taking said photographs or pictures

CODE OF CONDUCT

Teams', players', parents' and coaches' conduct at all times must reflect good sportsmanship and conduct becoming a participant in SWWLA. This includes conduct, attendance and promptness during practices as well as during games. Players are expected to respect their coaches and teammates, and abide by the rules and regulations of SWWLA. Any player, parent or coach whose conduct at any point in the season is deficient in **this regard may be benched for part of a game or the entire game (for players), or if a serious offense, suspended or removed from the team and SWWLA.** The primary objectives of the SWWL Care for participants to have fun and learn the game of lacrosse.

Signature of Parent/Guardian & Date: _____

Printed Name of Parent/Guardian: _____

Additional Questions: *(return this page along with registration form)*

1. Has child played Lacrosse before? Yes; No; if yes year(s) played: _____
2. Text Enable mobile Number: _____ (Yes/No – Test Msg from Team)
3. Does your child play on another Team Sport during the spring? Yes No if yes, what sport: _____
(Please see of our two sports policy on SWWLA – FAQ)
4. **PARENTAL HELP IS NEEDED:** Please Circle one:
 - Team Parent
 - Field Manager
 - Asst Coach (Lacrosse Background not necessary)
 - Transportation Manager
 - Field Supervision
 - *I am unable to Volunteer please accept my Volunteer Opt out fee \$25.00*

NOTE: Once you register there will be no refunds unless the program is cancelled and registration is not considered complete until all required documents and payment have been received.

5. Are you planning to rent your kids Lacrosse gear? Yes ; No (First come, First serve)
-

Boy's Registration fee: Grade 3–4 \$145 | Grade 5/6 \$165 | Grade 7/8 \$175
Volunteer Opt out: \$25 (if you are unable to volunteer for above listed positions)

Financial aid is always available through our club. Please contact us at mmayachar@hotmail.com. See SWWLA Fee waiver policy for more details on type of aid available and any qualification requirements.

Mail to: *SW Washington Lacrosse, 9707 NE 102nd Street, Vancouver, WA 98662*