



**SPRING LAKE
LACROSSE ORGANIZATION
5/6 and 7/8 Girl's
SPRING 2013 - REGISTRATION**

**PLAYER / PARENTS MEETING
Wednesday, January 30th @ 7:00 pm
SPRING LAKE MIDDLE SCHOOL AUDITORIUM**

- Spring Lake Lacrosse Organization is open to all 5th-8th grade students.
- The organization is planning on starting this year with one 5th/6th grade team and one 7th/8th grade team.
- Games are currently being scheduled with other local teams. Practice will begin on March 11th with games starting after Spring Break and running through the end of May.
- SL Lacrosse Organization will provide game uniforms. The athlete provides their cleats and equipment. Lacrosse equipment costs can range starting around \$75 for stick, goggles and a stick bag.
- Equipment professionals (Athletes Connection, Grand Rapids, MI 616-447-8900) will be available at the parents meeting on January 30th for equipment fittings and sales. They will be offering significant cost savings for purchases made that evening.
- Spring Lake Lacrosse Organization will be open to all. Financial Assistance will be available for anyone needing help with registration fees or equipment. Scholarship forms are available on our website.

The registration fee for the season will be \$125 and includes:

- Coaching, games, tournament registration, referee fees, team equipment, and US Lacrosse fee.
- **US LACROSSE Membership:** The Spring Lake Lacrosse Organization 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 the registration packet. Info can also be obtained by going on-line to www.uslacrosse.org/index.phtml.

Registration forms are available at <http://laxteams.net/springlake> and will be available at the January 30th meeting
Registration forms and payments may be mailed to: Spring Lake Lacrosse Org., P.O. 396 Spring Lake, MI 49456
Please make checks payable to: Spring Lake Lacrosse Organization

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

Coach Hannah Richter	hannahrichter@gmail.com
Nina McKeough	nina@mckeough.com
Jamie Roberge	jroberge17@yahoo.com
Kelly Palmer	kspalmer@chartermi.net



**Spring Lake Lacrosse
REGISTRATION FORM
5/6 and 7/8 Girl's
SPRING 2013**

REGISTRATION INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____ LAX Experience: 1yr - 2yr - 3yr - 4yr

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 Organization 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.

Middle School Registration Fee: \$125.00 Check #: _____ Cash: _____ Registrar: _____

Please make checks payable to: Spring Lake Lacrosse Organization

REGISTRATION DEADLINE: February 20, 2013

Registration forms may be mailed to: Spring Lake Lacrosse Org., P.O. 396 Spring Lake MI 49456

<http://laxteams.net/springlake>

SPRING LAKE LACROSSE 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 Organization website. I consent to the use of images or likenesses of my child/ward for promotional purposes by the Spring Lake Lacrosse Organization.

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 Organization program during the coming season. I fully release and hold harmless the Spring Lake Lacrosse Organization, its teams, coaches, field directors, managers, referees, sponsors, Board of Directors, officers, Spring Lake Public Schools or any others connected to the organization for injuries sustained by my child in practice, game play or while being transported to or from Spring Lake Lacrosse Organization 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 Organization 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 and have signed the Spring Lake Lacrosse Organization's Code of Conduct policy.

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 ORGANIZATION CODE OF CONDUCT

I, as a player, coach or parent, pledge to conduct myself in a manner that is consistent with Spring Lake Public Schools' high expectations of character.

Accordingly, I pledge to:

1. "Honor the Game"
2. Know and abide by the Spring Lake Athletic Department's Code of Conduct;
3. Demonstrate respect to other players, coaches, parents, officials and spectators;
4. Exhibit excellent sportsmanship and maintain composure while representing our organization. There will be zero tolerance for unsportsmanlike physical or verbal behavior, including profanity. Fighting of any kind will not be tolerated on or off the field.
5. Support the drug, alcohol, and tobacco free environment that is required for all Spring Lake athletes both on and off the field;
6. Never approach an opposing player, coach or game official in a threatening manner.

This contract and pledge must be signed by any player, coach and parent who wishes to participate in the Spring Lake Lacrosse Organization.

By signing this document, I agree to abide by and uphold the above stated "Code of Conduct" and understand that any violation of this Code either by commission or omission may result in discipline which may include but is not limited to the following:

- Letter of reprimand by the Spring Lake Lacrosse Organization Board
- Player suspension
- Permanent suspension for the season without refund
- Coach has the discretion to reduce/limit playing time for any violation of the Code of Conduct

PLAYER NAME : _____ GRADE: _____

PLAYER SIGNATURE : _____ DATE : _____

PARENT SIGNATURE : _____ DATE : _____

COACH SIGNATURE: _____ 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
- 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.
- Game Day Bench Personnel** - Assist in preparing the field for play, setting up the bench area, running the game clock, keeping the official scorebook.
- Team Involvement** – plan end of season celebration, take photos, coordinate game day snacks. (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?
