

USLacrosse Connecticut Chapter

2008 Boys U 15 Select Team Tryout Application

Athletes Last Name: First: Middle:

USLacrosse Membership #: Expiration Date:

Date of Birth: Age: Grade:

I want to try out for the: U-15 Connecticut White (Northern CT Tryout)

U-15 Connecticut Blue (Southern CT Tryout)

School and / or Recreation League Lacrosse Program:

Home Address:

City/State/Zip:

Home Phone: e-mail Address:

Uniform Size: S M L XL Jacket Size S M L XL

I certify that I have not played on any official high school interscholastic lacrosse team and that all other information on this application is true and accurate.

Signature

Date

Mail this application and:

- The US Lacrosse Youth Council Event Participation Contract and Pledge
- Amateur Athletic Minor Waiver and Release of Liability
- Athlete's Family Health History and Emergency Information Form

to:

Rich Heritage
CT Chapter of USLacrosse
365 Maple Ave.

Cheshire, CT 06410

**U S LACROSSE YOUTH COUNCIL
EVENT PARTICIPATION CONTRACT & PLEDGE**

In putting my signature to this document as a player, coach, parent, spectator, or official, I pledge to



conduct myself in a manner which complies with the "Code of Conduct" as approved by the US Lacrosse Youth Council Executive Committee and made a part of the By Laws of the USL Youth Council effective 1/13/01.

I pledge to:

1. "Honor the Game".
2. Demonstrate respect to other players, coaches, and parents, officials, and spectators.
3. Uphold the essential elements of the US Lacrosse 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 the 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. 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.

To participate in any US Lacrosse Youth Council event, all players, coaches, officials, parents and chaperones must sign this contract and pledge.

By signing this document, I am agreeing to abide by and uphold the above stated "Code of Conduct". I understand that violating this Code either by commission or omission will be subject to penalties as stated in the in the "Code of Conduct" which has been provided to all chapters, coaches, and officials.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

TEAM AFFILIATION: _____

US LACROSSE CHAPTER: _____

**AMATEUR ATHLETIC
MINOR WAIVER AND RELEASE OF LIABILITY**

In consideration for being allowed to participate in any way in the 2008 US Lacrosse Youth Festival presented by Warrior athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) and or legal guardian(s) will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all foregoing risk and accept personal responsibility for damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue US LACROSSE, THE US LACROSSE YOUTH COUNCIL, THE 2008 US LACROSSE YOUTH FESTIVAL COMMITTEE OR VOLUNTEERS, 2008 YOUTH FESTIVAL ATHLETIC TRAINING TEAM their affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to a "releasees," from any and all LIABILITY to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Parent / Guardian signature

Date

Parent / Guardian, printed name

Parent / Guardian, telephone

Name of Participant / Player

Address of Participant / Player

ATHLETES FAMILY HEALTH HISTORY AND EMERGENCY INFORMATION FORM

Athlete's parent or legal guardian must complete this form

Athletes Last Name _____ **First** _____ **Middle** _____

School and / or Recreation League Lacrosse Program _____

Home Address _____

City/State/Zip _____

Home Phone _____

Sex M or F _____ **Birth Date** _____ **Age** _____ **Grade** _____

HAS THE ATHELETE EVER HAD (CHECK YES OR NO):

YES	No		YES	No		YES	No	Trouble, injury or surgery to:
		Tooth or Gum Trouble			Palpitation (Heart)			Head
		Eye Trouble - (wear glasses contacts)			High/Low Blood Pressure			Neck
		Hearing Trouble			Rheumatic Fever with Heart Murmur			Back (Upper or lower-circle)
		Ear, Nose, Throat Trouble			Tumor, Cancer, Cyst			Shoulder(Left or Right-circle)
		Sinus Trouble			Stomach or Intestinal Trouble			Arms (left or right-circle)
		Hay Fever			Recurrent Diarrhea			Elbows(left or right-circle)
		Allergies(medicine, food)			Recent Weight Gain or Loss			Wrists (left or right-circle)
		Asthma			Frequent Urination			Hands (left or right-circle)
		Shortness of Breath			Rupture, Hernia			Fingers (left or right-circle)
		Dizziness, Fainting			Blood Disorders			Hips (left or right-circle)
		Head injury with or without unconsciousness			Albumin/sugar in Urine			Knees (left or right-circle)
					Sickle Cell Trait			Ankles (left or right-circle)
		Heat illness (heat cramps, heat exhaustion)			Females only: Irregular period Severe cramps, excessive flow			Feet (left or right-circle)
								Toes (left or right-circle)
		Epilepsy, Convulsion, Seizures			Surgical Operation			Muscles (pulls, tears, cramps etc.)
		Pain/Pressure in Chest			Had to be Hospitalized			
		Chronic Cough						

Has the Athlete had Immunization for Poliomyelitis ___/___/___ (mo. / day / year)
Tetanus Toxoid and Booster ___/___/___ (mo. / day / year)

**ATHLETES FAMILY HEALTH HISTORY
AND EMERGENCY INFORMATION FORM**

Athlete's parent or legal guardian must complete this form

YES	NO	To the best of my knowledge the paired organs below are present and healthy
		Ears
		Eyes
		Lungs
		Kidneys
		Testicles or Ovaries
		Arms/Legs
		Fingers/Toes

Does the student take medicine now regularly? (Please list)

Is there any reason why the student should not take part in any sport?

EMERGENCY INFORMATION

In an emergency, please contact:

Parent or Guardian's Name

Home Phone

Fathers Work Phone

Mothers Work Phone

If parent/s guardian cannot be contacted, please notify:

Name and relationship

Telephone Number

Doctor's Name

Doctor's Telephone Number

The information above is correct to the best of my knowledge. We hereby give permission for 2008 US Lacrosse Youth Festival's Athletic Trainers to apply first aid treatment until the parents can be contacted. We give our consent for the 2008 US Lacrosse Youth Festival Athletic Trainers to use their own judgment in securing medical and ambulance service in case the parents cannot be contacted.

Parent or Guardian Signature

Print Name

Date