

## Tryouts for the 2019 CCLA 12U Boys All-Star Teams

The CCLA 12U Boys All-Stars will play in a League wide all-star game on Friday May 17, 2019 at West Chester's Kelly Field. **In trying out for this team, you are committing to play in this event on this date should you be selected.**

Any CCLA 12U player, *with a head coach's recommendation*, is welcome to try out. The tryout registration fee is \$20 cash (no checks will be accepted).

When:

- **12U tryouts will be held on Friday, May 3, 2019 from 5:30pm-7:30pm.**  
Registration will begin at 5:00pm.

Where:

- **Kelly Field in West Chester.**  
For directions go to [www.cclalax.org](http://www.cclalax.org), click on "Field Directions."

Eligibility:

- 12U boys are 10 or 11 years old on 8/31/18.
- These are not "open" tryouts. Players must be recommended by their head coach, and that coach must sign the tryout registration form.

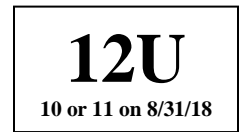
On the day of tryouts bring full lacrosse equipment, a water bottle and snack. Players should not wear their youth lacrosse team uniform to the tryouts; a reversible jersey will be provided. Gatorade and other sugared drinks are strictly prohibited on the artificial turf fields; water is the only allowable beverage. Players must be present for the entire tryout time. CCLA may hold supplemental tryouts as needed. Any questions should be forwarded through your club representative.

Team selection notification will be done by email and by posting on the CCLA web site [www.cclalax.org](http://www.cclalax.org).

Players who try out must have the \$20 registration fee (cash; no checks will be accepted) and a completed registration form (see next page) in hand when they arrive. Good luck and have fun!

# 2019 CCLA 12U All-Star Team Tryout Registration Form

(\$20 per player registration fee ... bring cash, no checks)



Player Name \_\_\_\_\_

Address \_\_\_\_\_ City/St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Lacrosse Club \_\_\_\_\_ Head Coach Name \_\_\_\_\_

Head Coach Signature \_\_\_\_\_

Position (circle one):    Attack            Midfield            Defense            Goalie

Physical Limitiations/Allergies \_\_\_\_\_

## PLAYER AND PARENT AGREEMENT

If my son is selected to play, he will be available to participate on the tournament date. All players are expected to be on their best behavior at all times and to honor the game. If a selected player cannot meet these minimum commitments and/or presents a discipline problem for the coaches, the Chester County Lacrosse Association (CCLA) reserves the right to replace the player on the roster from a list of alternates.

Signature of Parent/Guardian \_\_\_\_\_

Signature of Player \_\_\_\_\_

## RELEASE AND CONSENT FOR MEDICAL TREATMENT

I, \_\_\_\_\_, being the parent or guardian of the registrant named above who is a minor, give my approval for the registrant to participate in any and all lacrosse activities organized by the CCLA, including transportation to and from the activities. In consideration of CCLA's accepting the registrant in its lacrosse programs and activities, and recognizing the possibility of physical injury associated with the game of lacrosse, I do hereby assume all risks and hazards associated with the registrant's participation in these activities. I further release, absolve, indemnify and hold harmless CCLA, participating CCLA member organizations, US Lacrosse, and any person or organization who provides facilities, the officials, officers, directors, employees and volunteer helpers, including, but not limited to coaches and their assistants, organizers, referees, participants, and persons transporting the registrant, from all liability by reason of any injury to any person or any damage to any property in connection with any activities in which the registrant child may participate. As the parent or legal guardian of the registrant, I hereby give my consent for emergency medical care that may be undertaken in good faith to preserve the registrant's life, limb or well being.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

## INSURANCE

All participants are required to be covered by a personal or family medical plan, which must include coverage for hospitalization, before they participate in this program. I certify that the registrant is covered by such a plan. Players selected to the team may be asked to provide additional information regarding such insurance.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_