



Stanwood Lacrosse

PO Box 863
Stanwood, WA 98292
www.stanwoodlacrosse.com



Stanwood Invitational

Coach's Certification

Team Name and Grade Level: _____

Head Coach Name: _____

Cell Phone Number: _____

As head coach, or acting head coach for the day, I certify the following:

1. Each player for my team in this event is from our recreational lacrosse program/club
2. Each player has concussion paperwork on file with our organization
3. Each player has current USL membership or insurance through our organization
4. We will abide by the Rules of the Day
5. We will turn in a team waiver with Player Name, #, current grade, and Parent Signatures

Head Coach's signature: _____

Turn this form in with Team Waiver to the Information Booth at the site of your first game (Heritage Park or Stanwood MS) before your first game