

**NEW CANAAN LACROSSE ASSOCIATION**  
**2001 SPRING/PRESEASON REGISTRATION FORM-ALL**  
**PROGRAMS**

**REGISTRATION PROCESS:**

Fill out this form, sign, and MAIL with payment to NCLA, PO BOX 1671; New Canaan, CT 06840. **PAYMENT MUST ACCOMPANY THIS FORM FOR PLAYERS TO PARTICIPATE.** (Scholarships are available. Contact one of the board members for more information.)

**FEES:** This year we have put all of our costs into one price to make it easier for participants. Included in this fee is the \$20 per player we pay the Town of New Canaan to maintain and upgrade our fields. Secondly, we contribute to the Dunning Stadium Fund for the preseason and game use. Thirdly, for grades 5-8 a membership to USA Lacrosse and subscription to Lacrosse Magazine is included. Each child will get a uniform; shorts and either jersey or pinnie depending on program. The NCLA awards a scholarship or scholarships each year to high school players who have helped with the program and demonstrated the values of the program. We pay some of our adult coaches and all our high school coaches and this year will donate to the boys and girls high school programs an equal amount to what they earn coaching.

**PRESEASON BOYS AND GIRLS GRADES 5-8** (covers from Feb. 26 to March 30 on Dunning Stadium weather permitting) **NOT MANDATORY BUT RECOMMENDED** **FEE-\$50**

**GIRLS CLINIC 3/24 AND 4/1** **\$20.00**

**SPRING SEASON (APRIL 1 TO JUNE 16):**

**BANTAMS-BOYS AND GIRLS GRADES 1-4** **\$110.00**

**GIRLS GRADES 5-8** **\$125.00**

**BOYS GRADES 5-8** **\$200.00**

**PATRON DONATION:**

The above fees **DO NOT** cover all expenses. Therefore as in past years we count on your support as a **2001 NCLA PATRON** to cover our costs. The New Canaan Lacrosse Association is a tax-exempt organization pursuant to Section 501(C)(3) of the Internal Revenue Code. While fees are not deductible, all donations are fully deductible.

**PATRON NAME** \_\_\_\_\_

**AMOUNT: Platinum \$150 or more**\_\_\_\_ **Gold \$100**\_\_\_\_ **Silver \$75**\_\_\_\_ **Bronze \$50**\_\_\_\_\_

On behalf of all the players and teams thank you for your kind support!

**VOLUNTEERS NEEDED: COACH**\_\_\_\_ **ASST. COACH**\_\_\_\_ **TEAM PARENT**\_\_\_\_\_

**MAKE CHECKS PAYABLE TO NCLA: REGISTRATION FEE** \_\_\_\_\_+

**DONATION** \_\_\_\_\_ = **TOTAL AMOUNT** \_\_\_\_\_

**PLAYER INFORMATION:**

NAME: \_\_\_\_\_ **BOY OR GIRL** \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP  
CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL  
ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ INSURANCE  
CARRIER \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MEMBER #  
\_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ USA LACROSSE MEMBERSHIP  
# \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF AN EMERGENCY:**

NAME: \_\_\_\_\_ **RELATIONSHIP TO PARTICIPANT:**

PHONE \_\_\_\_\_

**CODE OF CONDUCT**

We, the Board of Directors of the NCLA, endeavor to provide a high quality inclusive program that does not turn anyone away, but instead encourages all to participate and develop a love for the game of lacrosse. We ask in return that all parents and players conduct themselves with a positive attitude towards coaches, other teams, and other players within the organization. Verbal or physical abuse of coaches, referees, or opponent's players will not be tolerated at all. Any violation will place at risk a player's participation for the rest of the season.

Attendance at practices will be considered in amounts of playing time awarded to players. All coaches will strive to play everyone in all games, but remains at the coaches' discretion. That is one of the reasons we have increased the boys programs to two teams at the 5<sup>th</sup> through 8<sup>th</sup> grade level. Concerns over playing time should be addressed by the players not the parents to the coaches and finally to Tom Albertson or Jon Sprole or any board members.

Any use of any information on the website is for the use of the Lacrosse program only. If used for any other use the violator may be banned from the program. For parents you may be liable for your children's misuse of information on the website.

Please sign, both player and parents and by doing so you agree to act with good sportsmanship and create a positive environment within the NCLA program for all participants.

**PLAYER** \_\_\_\_\_

**PARENT** \_\_\_\_\_

**NEW CANAAN LACROSSE ASSOCIATION RELEASE, WAIVER, AND PERMISSION TO TREAT FORM  
AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY**

\_\_\_\_\_  
PRINT FULL NAME OF PARTICIPANT

In consideration of being allowed to participate in any way in athletics/sports programs and related events and activities of the New Canaan Lacrosse Association, NCLA, the undersigned:

1. Agree that the parent(s) or legal guardians 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, inactions, or negligence, but the risks not known to us or not reasonably foreseeable at this time.
3. Assume all of the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability, or death.
4. release, waive, discharge, and covenant not to sue the New Canaan Lacrosse Association, its affiliated clubs, their respective administrators, directors, agents, volunteers, coaches, and other employees and associates, other participants, sponsoring agencies including the Town of New Canaan and the New Canaan Board of Education, sponsors, advertisers, and if applicable owners and leasers or premises used to conduct the event, all of which are hereinafter referred to as "releasees" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demand losses or damages on account of injury, including death, damage to property caused or alleged to be caused in whole or in part by negligence or the releasees or otherwise.

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

\_\_\_\_\_  
 (Parent or Guardian's Signature)                      (Relationship)                      Date                      Printed Name of Parent or Guardian

**US LACROSSE MEMBERSHIP AGREEMENT** (Grades 5 through 8 only)

In consideration of my membership in US Lacrosse, and my participation in US Lacrosse sanctioned events I agree to the following:

1. **READINESS TO COMPETE:** I WILL ONLY PARTICIPATE IN THOSE US Lacrosse competitions for which I believe I am physically and psychologically prepared to compete.
2. **MEDICAL ATTENTION:** I hereby give my consent to US Lacrosse and the host organization of any US Lacrosse sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation in US Lacrosse sanctioned events.
3. **WAIVER AND RELEASE:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury paralysis and even death as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that US Lacrosse the host organization and sponsors of any US Lacrosse sanctioned event along with coaches, volunteers, employees, agents, officers, and directors of these organizations, shall not be liable for any injury loss of life or other loss or damage occurring as a result of my participation in the event.

**FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD:** As legal parent or guardian of this participant I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in any US Lacrosse sanctioned event.

\_\_\_\_\_  
 (Parent or Guardian)                      Relationship                      Date                      Print Parent or Guardian's Name

**PARENT'S MEDICAL CERTIFICATION AND EMERGENCY MEDICAL AUTHORIZATION**

I hereby confirm that my child named above has his/her physician's certification of good health and no medical condition that would prevent him/her from participating in competitive lacrosse.

I hereby give my permission for any and all medical attention necessary to be administered to my child named above in the event of an accident, injury, sickness, etc., under the direction of the coaches, managers, directors, and volunteers of the New Canaan Lacrosse Association or their designees until such time as I may be contacted. I hereby assume the responsibility for payment of any such treatment. As legal parent or guardian of this participant I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in any New Canaan Lacrosse Association sanctioned event.

\_\_\_\_\_  
 Parent or Guardian's Signature                      Relationship                      Date                      Print Parent or Guardian's Name

