

**GBYLA CERTIFICATION OF PLAYER'S HEALTH,
GENERAL LEGAL RELEASE AND MEDICAL AUTHORIZATION;
CODE OF CONDUCT; POLICY CONCERNING INTEGRITY OF PIN, PERMISSION
TO USE PHOTOGRAPH and CERTIFICATION**

In connection with my child's participation in the activities sponsored by the Greater Birmingham Youth Lacrosse Association ("GBYLA"), an Alabama non-profit 501(c)3 corporation, I, as the parent (or guardian) of the participant, certify that my child is in good health and is fully able to participate in a strenuous athletic activity involving physical contact.

In consideration of the GBYLA allowing my child to participate in its activities, I

(1) request that the GBYLA allow my child to participate in GBYLA activities;

(2) am fully aware of and appreciate the risks, including the risks of concussion, broken bones, torn ligaments, and even catastrophic injury, paralysis or death, as well as other damages and losses, associated with participation in the sport of lacrosse, including risks associated with travel to and from lacrosse events;

(3) recognize in particular that concussions can pose a risk of catastrophic injury or death if not properly evaluated and managed, and that continuing to play with a concussion or symptoms of a head injury leaves a youth lacrosse player especially vulnerable to greater injury;

(4) agree on behalf of myself, my heirs, and personal representatives, that the GBYLA, along with its coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my child's participation in any GBYLA recognized or sanctioned event, including travel to and from GBYLA related events;

(5) understand that it is my sole responsibility to furnish accident and health insurance to cover my child in case of injury;

(6) understand it is my sole responsibility to obtain a medical / physical examination to ensure my child is able to participate in a strenuous sport such as lacrosse (and I understand that GBYLA is not undertaking to provide such a medical assessment);

(7) acknowledge that I have received or had made available to me information about the nature and risk of concussions and brain injury, and that I have reviewed or will review that information before allowing my child to play GBYLA related lacrosse;

(8) understand that, under Alabama law, any "youth athlete" --- including my child while playing or practicing GBYLA related lacrosse -- "who is suspected of sustaining a concussion or brain injury in practice or game shall be immediately removed from participation and may not return to play until the athlete [in other words, my child, if he or she is in that situation of suspected injury] is evaluated by a licensed physician and receives written clearance to return to play from a licensed physician."

(9) agree (a) to abide by Alabama law and the policies of the GBYLA with regard to concussions and brain injuries; (b) to not allow my child to return to play after sustaining a suspected concussion unless he receives written clearance from a licensed physician; and (c) to provide upon request a copy of such written clearance to my child's coach (or other GBYLA person such as the GBYLA Executive Director,

Operations Manager, officials, game managers, tournament administrators or GBYLA Board members or officers) before my child returns to play;

(10) understand that it is my sole responsibility for getting my child to and from lacrosse events and that GBYLA is not assuming any responsibility whatsoever related to such travel arrangements; and I further authorize GBYLA and its agents, and any host organization that is hosting a GBYLA team or player, to request medical treatment as necessary or appropriate on behalf of my child in case of injury, including obtaining transport by emergency vehicle to any local hospital for treatment. I further give my consent to all medical care prescribed by a medical doctor or emergency medical professional in connection with any injury suffered by my child. This care may be given under whatever conditions such medical doctor or professional determines are necessary to preserve life, limb or the well-being of my child.

GBYLA CODE OF CONDUCT

The GBYLA has partnered with the Positive Coaching Alliance (PCA) to establish and promote good sportsmanship and fair play throughout the sport of lacrosse. The GBYLA is committed to promoting "Honor the Game" for all who enjoy the rich history and tradition associated with the sport of lacrosse. To help fulfill this commitment, the GBYLA expects all players, coaches, officials, parents and spectators to abide by a "Code of Conduct" that embodies basic, common sense principles of fair play; demonstrates consideration of others; and projects a positive image to our youth. Individuals and/or GBYLA teams that fail to abide by this Code of Conduct will be subject to ejection and disqualification from GBYLA events.

I HEREBY PLEDGE THAT AS THE PARENT (OR GUARDIAN) OF A GBYLA PLAYER I WILL:

- Honor the Game of Lacrosse.
- Consider it a privilege for my player to play the game of lacrosse.
- Make it a priority for my child to participate to the maximum extent possible at practices and games. Recognize that as a parent I play an important role in setting the tone of behavior exhibited by my child and by my child's teammates in practices and games.
- Promote a sense of fair play and superior sportsmanship by my child and his/her team.
- Strive to learn the basic rules of lacrosse.
- Support my child's coach.
- Recognize that as a parent my primary role is to support my child and not to coach my child, particularly regarding mistakes or what I think he/she may be doing wrong on the field.
- Not unduly criticize, demean, badger, threaten, harangue or abuse the officials or the opposing coaches, players or fans.
- Not use alcohol or illegal drugs at GBYLA events.

- Not use any form of media (including electronic media such as websites, Facebook, blogs, Twitter, etc.) to publicly criticize any team, coach, player, official or others associated with administering the sport of lacrosse thru the GBYLA.

POLICY CONCERNING INTEGRITY OF PIN

In further consideration of the GBYLA allowing my child to participate in its activities, I recognize and agree that any person (including but not limited to parents, coaches and players) who falsifies a player's name, birth date or other personal identifying information ("PIN") in any information supplied to the GBYLA; or who alters information in an existing information set or database maintained by the GBYLA so as to make that data or information false or misleading; or who creates a false or misleading identity that is submitted to or maintained by the GBYLA; or who exceeds their authorized access to any database, information set or computer developed or maintained by the GBYLA, shall be subject to sanctions by the GBYLA Executive Committee, including but not limited to, suspension for a certain term, a permanent ban from the GBYLA and its activities; or any other sanction that the GBYLA Executive Committee, in its sole discretion, shall impose. In the appropriate circumstances, the GBYLA may refer such actions to law-enforcement authorities.

In addition, the GBYLA has the right at any time to require proof of age (such as a passport or birth certificate) to verify name and age of a player.

Permission to Use Photograph

I grant to GBYLA the right to take photographs of my child in connection with the above-identified organization. I authorize GBYLA, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that GBYLA may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, marketing, Web content and social media.

CERTIFICATION

I HAVE READ, WILL ABIDE BY AND AGREE WITH THE FOREGOING GBYLA CERTIFICATION OF PLAYER'S HEALTH, GENERAL LEGAL RELEASE AND MEDICAL AUTHORIZATION; CODE OF CONDUCT; POLICY CONCERNING INTEGRITY OF PIN AND PERMISSION TO USE PHOTOGRAPH.

I CERTIFY THAT ALL INFORMATION I PROVIDE TO THE GBYLA IS CONSISTENT WITH THESE DOCUMENTS AND POLICIES AND IS TRUE, COMPLETE AND ACCURATE.

PLAYER NAME

PARENT NAME [PRINT]

PARENT NAME [SIGN]