



## **Brighton Lacrosse Academic Standards Consent Form**

### **Statement of Purpose and Intent**

Participation in Brighton High School Lacrosse (hereinafter BHS LAX) is a privilege. Student athletes desiring to participate in this program are expected to maintain a minimum proficiency in their academic studies. This policy is intended to encourage success in the classroom.

As such, the Brighton High School Lacrosse program has implemented a policy for academic standards. To implement said policy, players will be required to submit an authentic, unedited and current document listing academic progress one or more times during the any regular Spring (November-May) or Fall (August-October) Lacrosse Season. The beginning of any season shall be considered the first day of practice/tryouts and shall continue until the final game of the season for the individual player.

### **Participation in Brighton High School Lacrosse**

In order for a player to participate in BHS LAX, both the player and their parent (or legal guardian) must consent to the player's disclosure of academic progress. The head coach will determine when all players will be required to submit academic reports. The requests shall be sent to both the player and the parent by a means designated below (text message or email). It is the responsibility of the player and parent to ensure that they check for notifications. The player or parent shall have a 72 hours to comply with the request once they have received notification of the request.

All grading reports will be reviewed and compared with the BHS LAX Minimum Academic Requirements as follows:

- 2.5 GPA
- No "F" grade in any academic course.

If a player fails to maintain either or both of these requirements, the player's parent will be notified to bring their player to meet with the coach and discuss recourse.

### **Release of Academic Results**

Parents and Players consent that the academic reports should be emailed or provided to the Head Coach of the Brighton High School Lacrosse program, Gerrit Schafrath.

**Consent of Parent/Guardian:** I confirm that I have read, understand and agree to the terms as set forth above. I further agree that I have reviewed this academic standards policy with my minor child/player and understand that I consent to my minor child disclosing authentic, unedited and current academic reports to Gerrit Schafrath in accordance with the above outlined policy as a condition of his voluntary participation with the Brighton High School Lacrosse Program. I further understand that any failure to meet minimum academic requirements may result in disciplinary action against my child which could result in the suspension of games, practices and/or suspended from the entire program for that season.

<b>Printed Name</b> Parent/Guardian) _____	
<b>Signature</b> Parent/Guardian _____	Date _____
Preferred notification: Email <input type="checkbox"/> _____	Text <input type="checkbox"/> _____

**Consent of Player:** I confirm that I have read, understand and agree to the terms as set forth above. I further agree that I have reviewed this academic standards policy with my parent or guardian and understand that I consent to disclosing authentic, unedited and current academic reports to Gerrit Schafrath in accordance with the above outlined policy as a condition of his voluntary participation with the Brighton High School Lacrosse Program. I further understand that any failure to meet minimum academic requirements may result in disciplinary action against me as a player which could result in the suspension of games, practices and/or suspended from the entire program for that season.

<b>Printed Name</b> Player _____	
<b>Signature</b> Player _____	Date _____
Preferred notification: Email <input type="checkbox"/> _____	Text <input type="checkbox"/> _____



## **Brighton Lacrosse Random Drug & Alcohol Testing Consent Form**

### **Statement of Purpose and Intent**

Participation in Brighton High School Lacrosse (hereinafter BHS LAX) is a privilege. Players desiring to participate in this program are expected to present themselves and act in a manner which not only holds themselves in the highest esteem, but their teammates, coaches and parents and the Brighton Lacrosse program as well. This policy is intended to prevent, deter and/or detect drug or alcohol use among players.

As such, the Brighton High School Lacrosse program has implemented a zero tolerance policy for any player involved in using illegal drugs (and/or prescription drugs not medically prescribed) and alcohol. To implement said policy, random drug testing shall occur one or more times during the any regular Spring (November-May) or Fall (August-October) Lacrosse Season. The beginning of any season shall be considered the first day of practice/tryouts and shall continue until the final game of the season for the individual player.

### **Participation in Brighton High School Lacrosse**

In order for a player to participate in BHS LAX, both the player and their parent (or legal guardian) must consent the player's participation in random drug testing. The player's will be assigned a number and selected at random by lottery. The coaches shall decide how many players should be tested. As a result of the random nature of the lottery, if there is more than one random test required by BHS LAX, a player may be subject to one or more drug tests during any particular season, and other players may never be selected.

A player who has been selected shall be privately notified to report to a designated site, date and time to provide either a urine sample or hair follicle to be drug and alcohol tested. The player shall have a 24 hour period to comply with the request once they have received notification of the request. The requests shall be sent to both the player and the parent by a means designated below (text message or email). It is the responsibility of the player and parent to ensure that they check for notifications.

The samples to be provided will be observed by personnel at the testing facility. Thus, the player and parents should be aware that any efforts to cheat the testing (bringing another person's urine or hair) shall result in that person's testing being considered positive for the banned substances. If a player refuses to participate or show up to the requested testing facility, that failure shall be considered a positive test for drugs and/or alcohol. All positive tests for drugs and alcohol (including failures to appear or cheating) shall be subject to the minimum following sanctions in one season:

1. First offense – 2 game suspension
2. Second offense – Suspension for the remainder of the season.  
\*The coaches may have the discretion to impose additional sanctions if they feel it necessary.

Parents/guardians will NOT be notified or contacted if the results of the testing are negative. If the results of the tests are positive, the player's parent will be notified to bring their player to meet with the coach and discuss the test results and sanctions. A sanction for a positive drug test may also include that the player reimburse the program for the drug testing costs for his individual test.

### **Release of Drug Test Results:**

Parents and Players consent that the test results should be emailed or provided to the Head Coach of the High School Brighton Lacrosse program. If the facility providing the test will provide the results via email, the test results should be emailed to the coach at: [brightonhslacrosse@gmail.com](mailto:brightonhslacrosse@gmail.com). If the facility will not email the results, the Head Coach of the High School program should have permission to pick up the player's drug test results from the facility upon providing verification of his identity.

**Consent of Parent/Guardian:** I confirm that I have read, understand and agree to the terms as set forth above. I further agree that I have reviewed this drug/alcohol policy with my minor child/player and understand that I consent to my minor child participating in random drug/alcohol testing in accordance with the above outlined policy as a condition of his voluntary participation with the Brighton High School Lacrosse Program. I further, consent that the results of my player's drug test shall be released to the Head Coach via email or in person. Finally, I understand that any positive test for illegal drugs (and prescription drugs not medically prescribed) and alcohol, shall result in sanctions against my child which could result in the suspension of games, practices and/or suspended from the entire program for that season.

Printed Name Parent/Guardian	Signature Parent/Guardian	Date	Preferred notification (please provide below)
			Email <input type="checkbox"/> _____ Text <input type="checkbox"/> _____

**Consent of Player:** I confirm that I have read, understand and agree to the terms as set forth above. I further agree that I have reviewed this drug/alcohol policy with my parent or guardian and understand that I consent to participating in random drug/alcohol testing in accordance with the above outlined policy as a condition of his voluntary participation with the Brighton High School Lacrosse Program. I further, consent that the results of my drug test, shall be released to the Head Coach via email or in person. Finally, I understand that any positive test for illegal drugs (and prescription drugs not medically prescribed) and alcohol, shall result in sanctions against me as a player which could result in the suspension of games, practices and/or suspended from the entire program for that season.

Printed Name Player	Signature Player	Date	Preferred notification (please provide below)
			Email <input type="checkbox"/> _____ Text <input type="checkbox"/> _____

# UHSLL Boys Player Contract

Fax: (801) 590-9365 • Tel: (801) 590-9950 • Web: [www.utahlax.org](http://www.utahlax.org)

676 Confluence Ave. Murray UT 84123

PLAYER'S NAME: \_\_\_\_\_ TEAM: \_\_\_\_\_

**Each player must read the policies contained in the *Player Contract* and initial and sign where indicated to acknowledge the player's understanding and acceptance of these policies. The form must then be returned to the coach at the first league practices.**

Initial Here

- \_\_\_ I understand and accept the importance of practice and game attendance and will make every reasonable effort to attend all scheduled practices and games and to notify my head coach in advance if I cannot attend a practice or game.
- \_\_\_ I understand and accept that the coach may not give all players an equal amount of playing time and that decisions about playing time are at the sole discretion of the coaching staff.
- \_\_\_ I understand and accept that it is my responsibility: (1) to learn and abide by the rules of lacrosse set out in the NFHS rule book; (2) to ask questions of my coach or other league officials for clarification when necessary; and (3) to use all mandatory equipment in the proper manner and to notify my coach if my equipment becomes illegal to use during the course of a game.
- \_\_\_ I understand and accept that I must abide by the League Policies posted on [utahlax.org](http://utahlax.org).
- \_\_\_ I understand and accept that the UHSLL requires that an atmosphere of **good sportsmanship** be maintained \_\_\_\_\_ at all of its athletic competitions and that unsportsmanlike conduct will not be tolerated, and the NFHS Rule 5, Section 9 will be enforced:  
*No player, substitute, non-playing member of a squad, coach or anyone officially connected with a competing team shall:*
1. *Enter into an argument with an official as to any decision that has been made or in any way attempt to influence the decision of an official.*
  2. *Use threatening, profane or obscene language or gestures any time during the game.*
  3. *Bait, taunt, call undue attention to oneself, or any other act considered unsportsmanlike by the officials.*
- \_\_\_ I understand and accept that **fighting will not be tolerated** and that NFHS Rule 5, Section 11 will be enforced:  
*A player, substitute, coach, non-playing member of a team or anyone officially connected with the team shall be disqualified for deliberately striking or attempting to strike anyone or leaving the bench.*
- \_\_\_ An individual participating in a fight or any other action deemed flagrant misconduct shall be charged a three minutes non-releasable penalty, ejected from the game and suspended from the team's next game. A second violation will result in suspension from any UHSLL activity for twelve (12) months. Expulsion on a second violation is more stringent than the comparable NCAA provision.
- \_\_\_ I understand that the UHSLL prohibits the use of illegal drugs, tobacco, performance enhancing drugs and alcohol by players participating in any league or Utah High School Lacrosse League event, INCLUDING TRAVEL TO AND FROM THE EVENT. Any violation of this rule will result in immediate suspension found in the UHSLL league policies. A player in the company of another player who is openly violating this rule also will be considered in violation of this rule and subject to expulsion from the league.

I, the undersigned, have read and agree to comply with the terms of this *Player Contract*. I agree that if I am removed from my team's roster for disciplinary reasons, I will not be entitled to any refund of fees paid to the UHSLL or my team.

\_\_\_\_\_  
Name (Print Clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# UHSLL Player Medical Release Form

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*Fax: (801) 590-9365 • Tel: (801) 590-9950 • Web: www.utahlax.org*

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## Please fill out and return to Coach

As the parent/legal guardian of \_\_\_\_\_, I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment to the above minor. I have not been given a guarantee as to the results of any examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player.

Date of Player's Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last tetanus booster \_\_\_\_/\_\_\_\_/\_\_\_\_

Known allergies of this player, including any allergies to medicine \_\_\_\_\_

Any other medical problems that should be noted \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (fax)

Person responsible for charges (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (fax)

Person to notify if parent/guardian is unavailable \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (fax)

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

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

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Witness \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (fax)



# Player Medical Release and Concussion Form

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**Fax: (801) 590-9365 • Tel: (801) 590-9950 • Web: [www.utahlax.org](http://www.utahlax.org)**

## **General Concussion Policy**

The Utah Lacrosse Association (ULA) Youth League Concussion Management policy requires that a player be removed from a practice or game if he or she is suspected of sustaining a concussion or a traumatic head injury. The full policy can be found at [www.utahlax.org](http://www.utahlax.org). Furthermore, that player will not be permitted to return to play until he/she has been evaluated and cleared (in writing) by a qualified health care professional, trained in the evaluation and management of a concussion (per H.B. 204 - <http://le.utah.gov/~2011/bills/hbillenr/hb0204.pdf>).

## **Baseline Testing**

Players are strongly encouraged to seek out a reputable professional to provide baseline testing. Baseline testing can help with the diagnosis of a concussion and assist with determining when an athlete is ready to resume play. It is HIGHLY recommended but not required.

## **Resources**

Valuable training resources have been provided by US Lacrosse and The Center for Disease Control and links to that information is available on the Utah Lacrosse Association's website:

<https://leagueathletics.com/Page.asp?n=67466&org=utahlax.org>

## **Acknowledgement**

I hereby acknowledge:

- I have read and reviewed the ULA youth league concussion policy and understand the requirements as dictated by House Bill 204.
- I will remove my child from practice or play if they sustain any head injury (bump, blow, jolt to head)
- My child will not be returned to play until they have been cleared (in writing) by a qualified health care professional

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



**CONSENT FOR BASELINE COGNITIVE TESTING and RELEASE OF INFORMATION**

I give my permission for (name of child): \_\_\_\_\_

(child's date of birth): \_\_\_\_\_

Sport: \_\_\_\_\_

to have a baseline ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) test administered at The Orthopedic Specialty Hospital (TOSH). I understand that my child may need to be tested more than once, depending upon the results of the test which will be reviewed for accuracy by TOSH providers.

The Orthopedic Specialty Hospital (TOSH) may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, or other treating physician, as indicated below.

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of parent / guardian: \_\_\_\_\_

Signature of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student's home address: \_\_\_\_\_

Parent / guardian phone numbers (please indicate preferred contact number & time if necessary):

\_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Name of doctor: \_\_\_\_\_

Name of practice or group: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_