

Berkshire County Lacrosse Association

Player Registration Form - Spring 2009

Please Check One:

Boy's High School Program: Grades 9-12 (Fee: \$135), includes membership to US Lacrosse

Girl's High School Program: Grades 9-12 (Fee: \$135), includes membership to US Lacrosse

*** Make Checks Payable to "Berkshire County Lacrosse Association"**

Mail Checks To:

Berkshire County Lacrosse Assoc.

Attn: Maria Bartini

619 East Rd.

Clarksburg, MA 01247

Please choose the team that you are registering for:

- | | |
|--|---|
| <input type="checkbox"/> Lee Boys | <input type="checkbox"/> South County Girls |
| <input type="checkbox"/> PHS Boys | <input type="checkbox"/> Pittsfield Girls |
| <input type="checkbox"/> Taconic Boys | |
| <input type="checkbox"/> Central Berkshire Boys | <input type="checkbox"/> Central Berkshire Girls |
| <input type="checkbox"/> Greylock Boys | <input type="checkbox"/> Greylock Girls |
| <input type="checkbox"/> Northern Berkshire Boys | <input type="checkbox"/> Northern Berkshire Girls |

PLAYER/PARENT INFORMATION

Player Name			Gender (M/F)		Date of Birth
Address					Grade:
					Experience:
Home Phone			Cell Phone		
Player E-Mail			High School		
Father or Legal Guardian			Mother or Legal Guardian		
E-mail			E-mail		
Home phone	Work phone	Cell phone	Home phone	Work phone	Cell phone
Health Insurance Information:			\$135.00 registration fee paid – Date _____		
Name of Policy Holder: _____			Method of payment _____		
Insurance Carrier: _____					
Policy #: _____			Late Registration fee of \$25.00 after 3/01/09		
Please initial here to authorize BCLA Lacrosse Associations to list your child's name on a team roster on the Association's website: www.berkshirecountylacrosse.com ** We will NOT list address, phone numbers, or email address.			Please initial here to authorize BCLA Lacrosse Association to post an individual or team picture of your child's image on the Association's website www.berkshirecountylacrosse.com ** We will NOT list address, phone numbers, or email address.		
_____ Please Initial Indicating Approval			_____ Please Initial Indicating Approval		
Parent Volunteer preference (please choose at least one):					
___ Fundraising ___ Concession ___ Scorekeeper					
___ Time Keeper (for games) ___ Webmaster ___ Field Maintenance					

Release of Liability/Berkshire County Lacrosse Association Waiver:

I/We, the parent(s)/guardian(s) of the above-named candidate for a position on a Berkshire County Lacrosse Association team, do hereby give my/our approval to participate in any and all Berkshire County Lacrosse Association activities, including transportation to and from the activities. I/we know that participation in lacrosse may result in serious injuries and that protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Berkshire County Lacrosse Association its chartering organization, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. I/We will furnish a certified birth certificate of the above-named candidate to Association officials upon request. I agree, individually and on behalf of the above-named child, to submit all disputes to binding arbitration. In doing this, I specifically waive any right to trial by jury for any reason.

Signature of father, mother or legal guardian _____
Date

US Lacrosse Waiver:

In consideration of my membership in US Lacrosse, and my participation in US Lacrosse sanctioned, recognized or sponsored events ("Covered Events"), I agree to the following: **1. WAIVER & RELEASE:** I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that US Lacrosse, the host organization and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a Covered Event. This Waiver & Release shall also be for the benefit of and run in favor of any youth organization that requires participants to become members of US Lacrosse as a condition to their participation in such organization's youth lacrosse events, which shall constitute Covered Events for purposes of this Waiver & Release, and any such youth lacrosse league shall constitute the host organization for such Covered Events. **2. MEDICAL ATTENTION:** I hereby give my consent to US Lacrosse and the host organization of any Covered Event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in Covered Events. **3. READINESS TO COMPETE:** I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete. **4. CODE OF CONDUCT:** I agree to adhere to the US Lacrosse/Positive Coaching Alliance Code of Conduct See Information Packet or available at www.uslacrosse.org.

Signature of father, mother or legal guardian _____
Date

2009 MEDICAL RELEASE

Player medical history (please list any allergies, including food allergies, existing conditions, corrective lenses, etc.)

Regularly taken medications

Family physician	Phone	Alternate Phone
Emergency contact	Phone	Relationship to player

Authorization for Emergency Medical Treatment and Transportation to a Medical Center or Hospital

In the event that the participant should sustain any personal injury or illness while attending or participating in Berkshire County Lacrosse Association programs, the undersigned hereby consents to emergency medical assistance being administered to him/her, including transportation to a medical center or hospital, and this form shall constitute a medical release for that purpose.

Signature of father, mother or legal guardian _____
Date

BCLA Projected 2009 Season Expenses

6 High School Boys teams:

Mt. Greylock
Central Berkshire (Wahconah)
Northern Berkshire (Hoosac/McCann/Drury)
Lee (Lee, Lenox, Monument Mt., Mt. Everett)
Pittsfield High School
Taconic High School

5 High School Girls Teams:

Mt. Greylock
Central Berkshire (Wahconah)
Northern Berkshire (Hoosac/McCann/Drury)
South County (Lee, Lenox, Monument Mt., Mt. Everett)
Pittsfield & Taconic High Schools

The Berkshire County Lacrosse Association was created to introduce Berkshire County High School students to the exciting sport of lacrosse and to provide our students athletes with a competitive league in which to play this sport. While one of our primary missions is to make lacrosse a varsity sport in the Berkshires, we are also active in developing and supporting youth lacrosse programs in our communities.

Operating a competitive sports league as large as the BCLA is costly. Due to our current status as club teams, we do not get any funding from our local government. We are totally self-funded and our existence relies on the very necessary fundraising that must take place by every team and every player. It should be noted that the BCLA is a non-profit organization, and its directors and Board members are volunteers and receive no pay for their services.

2009 Projected Season Expenses:

Player Equipment	\$	6,150.00
Field/Game Equipment		12,843.00
Coaches Fees		33,000.00
Officiating Fees		12,396.00
Game EMT Fees		1,400.00
Busing Fees		14,200.00
US Lacrosse Membership Fees		<u>11,935.00</u>
Total Expenses	\$	<u>91,924.00</u>

Projected number of 2009 BCLA lacrosse players = 275

Projected cost per player ($\$ 91,924.00/275 = \$ 334.27$ per player)

Cost per Player	\$ 334.27
Less \$ 135.00 Registration Fee per player	- <u>135.00</u>
Amount necessary to fundraise per player	<u>\$ 199.27</u>

Every registered BCLA athlete will be required to raise \$ 200.00 to help pay for the cost of the league. Students have two options; to participate in their team fundraiser and raise the necessary \$ 200.00, or decide to opt out of fundraising and pay the \$ 200.00 fee upfront. The buy-out option will exempt the player from participating in the team fundraiser. Players are encouraged to volunteer for any league fundraisers. Buy-out checks for \$ 200.00 should be made out the BCLA by the March 1, 2009 deadline.

Players who do not choose the buy-out option will be required to raise the required \$ 200.00 by participating in the team fundraiser. Players who do not choose the buy-out option will be required to raise the required \$ 200.00 by participating in all of their team's fundraisers. Any player not able to fully fundraise the \$ 200.00 will be personally required to pay their shortage to their team.