

# ROC E6 RALL (US Lacrosse) Parent/Guardian Waiver & Participation Agreement

The rules of play that govern activities sanctioned by US Lacrosse ensure a safe environment in which to conduct lacrosse games while, at the same time, offer an opportunity for all participants to enjoy the traditional challenges of the sport of lacrosse.

As a participant in any US Lacrosse program I agree to the following rules:

- I understand that the purpose of all USA Lacrosse events is to develop the ability, skills, teamwork and character of ALL participants, not just myself.
- I agree to be on time, to the best of my ability, for all practices and games; properly equipped as required by US Lacrosse, ROC E6, Inc, RALL and my coach.
- I understand that the coach will determine playing time and I agree to play any position I am asked to the best of my ability.
- Fighting, swearing or abusive language on the field or at team events will not be tolerated.
- I will accept official's rulings on the field without question. The coaching staff will handle all officiating matters.
- There will be no alcohol, smoking or chewing of tobacco, or use of illegal substances at any US Lacrosse event.
- I understand that my actions ON and OFF the field reflect my CHARACTER as well as that of my teammates, my coaches, my parents and ROC E6, Inc, RALL.
- I will conduct myself with DIGNITY, display GOOD SPORTSMANSHIP, and show RESPECT for myself, my teammates and coaches, officials, opponents and spectators.
- I understand that violation of these rules may result in disciplinary action determined by the coaching staff or ROC E6, Inc, RALL.
- I understand that I must be in good academic standing at all times, with a GPA of no less than 2.75.
- I agree to adhere to tutoring rules of ROC E6, Inc, RALL if my GPA falls below 2.75 at anytime.

I have read the rules above and agree to abide by these rules.

Player Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

As a parent/legal guardian of a child participating in a program of US Lacrosse, I agree to the following rules:

- I will promote the emotional and physical well-being of the athletes ahead of any personal desire to win.
- I will encourage GOOD SPORTSMANSHIP through my actions by demonstrating positive support for all players. I agree that my child plays lacrosse for her/his enjoyment, not mine.
- I will provide support for coaches and officials working with the athletes to provide a POSITIVE experience for all.
- I agree that the coaches' make the decisions regarding playing time and positions played for all athletes. I agree not to approach a coach to discuss my child either 30 minutes prior to or one hour after any game. I will agree to schedule any discussion with the coach about my athlete for a time convenient for the coach and myself.
- I will treat all players, coaches, officials, parents and spectators with DIGNITY in language, attitude, behavior and mannerisms.
- We, parent and athlete, will treat all players, coaches, officials, and spectators with RESPECT regardless of race, creed, color, sex or ability.
- I will inform the coach of any physical disability, ailment or limitation that may affect the SAFETY of my athlete or the safety of others.
- I will respect the property, equipment used and sports facility, both home and away.

I have read the rules above and agree to abide by these rules.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

## Equipment Responsibility:

I agree to assume full responsibility for any and all equipment/uniforms loaned to the above named participant and I agree to promptly return, upon request, the uniform and equipment issued to the above named participant in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for the replacement cost of such equipment.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## ROC E6 RALL 2008 Registration

### PARTICIPANT

Name:	Birth date:	Grade as of 4/30/08: School:
Mailing address (street, city, state, zip):	Home Phone:	Cell Phone:
Physician Name and Phone:	Allergies/Medical Conditions:	GPA Most Recent Report Card (attach copy):
Insurance Carrier:	Insurance Policy Holder and Policy #:	Shirt Size: Short Size:

### PARENT/GUARDIAN

Mothers Name:	Cell Phone:	Other Phone:	Email Address:
Fathers Name:	Cell Phone:	Other Phone:	Email Address:

### EMERGENCY CONTACT

Name:	Best Phone (2 numbers):	Relationship to Participant:
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I will use my own (circle):    **Helmet**    **Gloves**    **Shoulder-Pads**    **Arm-Pads**    **Stick**

**Signatures required for acceptance of membership.** In consideration of my membership in US Lacrosse, and my participation in US Lacrosse sanctioned events, I agree to the following (insurance information, including claim forms can be found at [www.uslacrosse.org](http://www.uslacrosse.org)):

1. **Waiver and 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 representative, 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 a result of my participation in a covered event. This waiver and release shall also be for the benefit of an 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 cover events for purposes of this waiver and 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 an covered 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 covered events.
3. **Readiness to Compete:** I will only participate in those covered events for which I believe I am physically and psychologically prepared to compete.
4. **Information Certification:** I certify that all information provided by me in this application, including without limitation my membership category, is true, accurate and complete and I understand that any untrue, inaccurate or incomplete statement or information will automatically invalidate my membership and all the benefits of membership in US Lacrosse.
5. **Code of Conduct:** I agree to all terms on the participation agreement signed by me.

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 and accept each of the above conditions, and especially the waiver and release set forth in paragraph one of this document:

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

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**ROC E6 RALL CHECK LIST: OFFICIAL USE ONLY:**

Participant Name:	3/4 team 5/6 team
Parent Waiver & Participation Agreement	
2008 Registration Form	
Copy of Most Recent Report Card	Y or N
GPA: _____ Tutoring Required	Y or N
US Lacrosse Insurance Form	
Payment cash check other _____	\$65.00
Form Completed by:	