

**Sarasota Military Academy
Eagles Lacrosse Team
Player Registration
2008 Season**



Player Information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home# _____
Grade: _____ Birthdate: _____
Height: _____ Weight: _____
Jersey Size: _____
E-Mail(print clearly): _____

Parent Information:

Name: _____
Home Phone: _____
Work or Cell Pone: _____

Emergency Medical Information:

Emergency Contact: _____
Phone: _____
Alternate Contact: _____
Phone: _____
Insurance Provider: _____
Policy Number: _____
Medical Conditions: _____
Known Allergies: _____

Lacrosse Experience:

Years: _____ Positions: _____
Organization(s): _____
Equipment Needed Yes _____ No _____
US Lacrosse Member# _____

Registration Fee: \$200.00 (Make check payable to Sarasota Military Academy)
The Player Registration fee includes uniform, field rental costs, and associated costs.
Each player is also required to be an active member of US Lacrosse (cost \$35).
Membership in US Lacrosse provides accident and other insurance coverage and supports advancement of the sport. You may become a US Lacrosse member online at www.uslacrosse.org. Lacrosse equipment is also required but not included in the registration fee. **Players must equip themselves with helmet, mouth guard, cup, stick, shoulder pads, gloves and arm guards. Shoes must be athletic style cleats suitable for use on outdoor grass field. Participants failure to be properly equipped at any time will result in their being unable to play until such time they are properly equipped.**

Parent and Player Liability Releases:

Waiver and Release;

Lacrosse is a full contact sport in which participants can be injured. By signing below you agree to release and hold harmless Sarasota Military Academy its representatives, coaches, facilities (owned or rented) and agents from any and all claims and liabilities arising from your child's participation in lacrosse activities (including games, practices and clinics) sponsored or sanctioned by Sarasota Military Lacrosse.

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 recognized or sanctioned event, along with coaches, officials, referees, umpires, 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.

Medical Attention;

I hereby give my consent to US Lacrosse and the host organization of any US Lacrosse recognized or 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 recognized or sanctioned events.

Readiness to Compete;

I will only participate in those US Lacrosse competitions or activities in which I believe I am physically and psychologically prepared to participate.

Code of Conduct;

I agree to play fair and by the rules established as well as the attached US Lacrosse code of conduct, I will not engage in fighting, I will not use foul or offensive language and I will leave facilities and equipment in clean condition and in good repair. Failure to do so can/will result in my dismissal from participation.

Participant and parents know, understand and agree that players name, photos and video can and will be reproduced, published in print, media, and digitally for purposes of promoting the sport of lacrosse and the SMA lacrosse program.

We have read the SMA Lacrosse Vision, Mission, Team Rules and Parent Player Code as posted in the team website and agree to abide by these documents.

Signature of Participant _____ Date _____

Print Name _____

For any participant who is not yet 18 years old;

As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in any US Lacrosse recognized or sanctioned event, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

Signature or Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____

Parent Guardian Signature _____ Date: _____