

North-West Lacrosse, Inc.

2020 Player Registration

Player Information

Player Name: _____ DOB: _____
Home Address: _____ City: _____ State: _____
School : _____ Grade: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Height: _____ Weight: _____ Shirt Size: _____ Short Size: _____
Years of Previous Lacrosse Experience: _____ Preferred Jersey #: _____
Level of Lacrosse Experience: ___ Kid Sports ___ Junior Varsity ___ Varsity
Date of Last Sports Physical: (within 2 years. **Must provide copy**) _____
Pre-existing medical conditions or allergies:

Parent/Guardian Information #1

Name: _____
Email: _____ Best Contact Phone: _____
Are you willing to transport additional players to/from games if needed? Yes / No
ODL: _____ Expiration: _____
Vehicle (Make, Model, Year): _____ How many seats? _____
Auto Insurance: _____

Parent/Guardian Information #2

Name: _____
Email: _____ Best Contact Phone: _____
Are you willing to transport additional players to/from games if needed? Yes / No

ODL: _____ Expiration: _____

Vehicle (Make, Model, Year): _____ How many seats? _____

Auto Insurance: _____

Medical Insurance Information

Name of Carrier: _____ Phone: _____

Group Number: _____ Policy Number: _____

Policy Holder's Name: _____

Primary Doctor's Name: _____ Phone: _____

Emergency Contact Information

Emergency Contact Name: _____ Phone: _____

Relation to Player: _____

Medical Consent for Treatment:

I/we hereby give my/our consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my/our dependent.

(In the event of injury during practice or game, every attempt will be made to contact both athlete's parents/guardians to inform them of the nature of the injury and to inquire as to desired location of treatment.)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Concussion Awareness and Protocol

In accordance with Senate Bill 721 (“Jenna’s Law”), new concussion training and procedural guidelines are now in effect for Oregon coaches, managers, referees, players under the age of 18, and their parents or legal guardians. For each year of participation, and prior to a player under the age of 18 participating, at least one parent or legal guardian must acknowledge receipt and review of the guidelines and materials related to concussions as described in the law. If the player is age 12 or older, the player must also acknowledge receipt and review of the guidelines and materials.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. If an athlete has a concussion, his/her brain needs time to heal. While an athlete’s brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

Signs Reported by Player:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

Signs observed by coaching staff:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Danger Signs of Concussion:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other

- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

Parent / Guardian:

I understand the risks of sports related concussion in youth sports activities and especially sports involving physical contact like lacrosse.

I understand that all North-West Lacrosse coaches have undergone concussion awareness training and will suspend player participation and eligibility if evidence of concussion is observed or suspected. If concussion is suspected or diagnosed for a player or if an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, the player will be kept out of play the day of the injury. The athlete will only be allowed to return to play with permission from a health care professional experienced in evaluating for concussion.

I have received and reviewed the guidelines and materials regarding the warning signs of a concussion. I agree that my child must be removed from practice or a game if a concussion is suspected and that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice or play until providing written clearance from an appropriate health care provider to his/her coach or team manager and I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Player:

I have received and reviewed the guidelines and materials regarding the warning signs of a concussion. I understand the importance of reporting a suspected concussion to my coaches and to my Parents (or guardian) and that I must be removed from practice or game if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach or team manager before returning to practice or play and I understand the possible consequences of returning to practice or play too soon and that my brain needs time to heal.

Player Signature: _____ Date: _____

Registration Refunds

If a player sustains an injury prior to the 1st game of the season, and is not allowed to continue per Doctor's recommendation; a request for refund shall be submitted to the executive board for review. This request must be accompanied by a Doctor's note of explanation. A refund of registration fees, less a \$50 administrative fee, will be issued.

If a participant sustains an injury after the 1st game of the season, and is not allowed to continue per Doctor's recommendation; a request for refund shall be submitted to the executive board for review. This request must be accompanied by a Doctor's note of explanation. A refund in the form of a credit voucher for the following year may be issued for up to 50 percent of the registration fees to be used towards the next season's registration fees.

No refunds will be considered for a player that becomes ineligible to play due to any violation of player conduct rules or simply quits the team.

Uniform Deposit

A **\$100 uniform deposit** will be assessed by North-West Lacrosse, Inc at the beginning of the season. As the parent(s) and/or legal guardian(s), I (we) do fully agree to return all player uniforms to North-West Lacrosse, Inc at the end of the playing season. Failure to return uniforms will result in the loss of my uniform deposit in the amount of **\$100**.

Player Ejection During a Game

As the parent(s) and/or legal guardian(s), I (we) do fully understand that OHSLA will levy fines against any team that has conduct by a player or players that results in ejection from gameplay during the season. I (we) are also aware any fines resulting from an ejection of a Player will be accompanied by additional mandatory game play suspension outlined by OHSLA. I (we) agree to reimburse NW Lacrosse, Inc for any fines levied by OHSLA due to any ejection by my Player./we have read the above waiver and release, understand the contents, and sign it voluntarily.

Player Transportation

Your player is involved in a sport that will require transportation to and from practice and games during the competitive season. NorthWest Lacrosse, North Eugene High School, Willamette High School and Junction City High School will not be providing transportation. You and your player are responsible for his/her own transportation to practice and games.

Northwest Lacrosse, Inc or the aforementioned school districts does not endorse student drivers transporting other students in privately owned automobiles. It is the responsibility of the parent of guardian to arrange, provide, or supervise their students to/from games and practices during the season. The parent/guardian is responsible for verifying that personally owned vehicles used to transport their players are covered by statutory liability insurance and the driver's transporting the above mentioned players possess a valid driver's license.

North-West Lacrosse Club Player & Parent Conduct Section

The following conduct will not be tolerated:

- Use of foul language in practice or games
- Taunting or derogatory comments of any kind
- Arguing with coaches or officials
- Negative comments to team members
- Disrespect to coaches, players, fans or school personnel
- Fighting or physical intimidation

Offenses will drastically reduce playing time or involve game suspensions and could lead to dismissal from the team based on the individual conduct.

Practices are mandatory – any missed practices must be cleared with the coach beforehand or must be accompanied by a note or call from the player’s parent.

An unexcused absence from practice will result in a one-quarter suspension in the next game.

Tardiness to practice will result in additional training after practice.

Alcohol, tobacco, illicit drug or Steroid use, theft, destruction of property (whether school or personal), fighting, or any action on the field to deliberately injure another player (including body checks intended to do malicious harm) will result in an immediate dismissal from the team.

Any contact by law enforcement that results in a player being arrested or charged with a misdemeanor or felony crime will be immediately suspended from team participation for a period of two weeks. The player’s continued participation with the team will be evaluated based on the severity of the offense and may include dismissal from the team.

North-West Lacrosse Players are to play within the rules outlined by US Lacrosse and the Oregon High School Lacrosse Association. Any conduct deemed to be in violation of these rules will result in disciplinary action, ranging from game suspensions to dismissal from the team.

Parents agree to act in a manner acceptable to the rules set by US Lacrosse and the Oregon High School Lacrosse Association. The use of vulgar or profane language, inappropriate jokes, arguing with coaches or officials, or any other action deemed inappropriate by coaches or officials will result in one warning. A second warning will result in your child being suspended from the game and your removal from the field. Further outbursts will result in your child being dismissed from the team. Any physical assault to officials, opposing team members or opposing fans will result in your child’s dismissal from the team. **Please remember that any inappropriate actions will directly impact your child’s ability to participate.**

Conduct/Waiver and Release of Liability

In consideration of being allowed to participate in any way in the North-West Lacrosse Club athletics/ sports program and related events and activities, the undersigned:

Certify that the above-named athlete is in good health and that there is no physical or emotional reason prohibiting his/her participation in this program. Further, it is understood that a physical exam by a physician, prior to commencement of practice, will be required by all athletes who wish to participate in the Lacrosse Club program;

Agree that as the parent(s) and/or legal guardian(s), I (we) will instruct the minor participant that prior to participating he/she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he/she should immediately advise his/her coach or supervisor of such condition(s) and

refuse to participate, until such condition(s) are corrected;

Agree that as the parent(s) and/or legal guardian(s), I (we) do fully understand my (our) responsibility to properly equip the above named Athlete with protective equipment allowed by NCAA rules to play the game, and accept full responsibility for assuring that the athlete wear a complete protective set of equipment when participating in any North-West Lacrosse Club activity;

Understand that North-West Lacrosse Club is a non-profit organization operated by volunteers for the benefit of young people, independent from and receiving no funding, in-kind services, or supervision from 4j or Bethel School Districts. Agree to treat all volunteers and officials of the Lacrosse program, including coaches and referees, with appropriate courtesy and respect. Realize that any violation of proper conduct may result in the above-named player being dismissed from the Lacrosse program without refund of fees. Further understand that all volunteers, including coaches, ARE volunteers and not professionals, and can only provide their best judgment and knowledge in instructing, guiding and making decisions for the above-named player;

Understand that the success of the North-West Lacrosse Club program is based entirely upon the donated work of volunteers and will try to volunteer my (our) services in order to provide an enjoyable, educational, healthful, and athletic experience for all participants;

We have read and understand these rules and resulting disciplinary actions and understand them fully.

As the parent(s) and/or legal guardian(s), I (we) do fully understand and agree that I (we) and the Registrant will abide by the rules set for varsity athletics at North Eugene, Willamette, and Junction City High Schools, allow the Athletic Directors to release academic eligibility information.

As the parent(s) and/or legal guardian(s), I (we) recognize the possibility of serious physical injury associated with playing lacrosse and in consideration for the North-West Lacrosse Club accepting the Registrant for its Lacrosse program, I (we) hereby release, discharge, hold harmless and/or indemnify the 4j, Bethel, and Junction City School Districts and the North-West Lacrosse Club, its officers, directors, coaches, volunteers and parents, including owners of the fields and facilities utilized for the sport, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in Lacrosse and/or being transported to or from the same, which transportation I hereby authorize.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Player: _____ Date: _____