Shooters Lacrosse Summer 2017

Registration Form:

Name:_____ Phone Number: _____ Email Address: _____
Address:_____ City: _____ Zip: _____
Position: _____ Age: _____ Grade: _____Current or last team you played for:_____

I am signing up as an: ____ Individual_____ As a team. The team I will be playing on _____Team.

If you are a US Lacrosse Member, Please provide us with your #:_____

Leagues:

____ Men's Open

____ Men's over 35

____ HS Boys

____ 14U Boy's

____ 12U Boy's

____ 10U Boys

____ 8U Boys

_____ Girls HS and above Open League

_____ 14U Girls

_____ 12U Girls

_____ 10U Girls

(League play only) Yes, I have a Jersey, my number is: _____ No, I need a Jersey: _____.

Cost: All leagues are **$95** if you have a jersey. **$110** if you need a jersey.

Checks Payable to: Shooters Lacrosse in the amount of **$_____**

Send to: 2663 Megan Ct. Palm Harbor, FL 34684

Medical Insurance Information

Person to notify in case of Emergency: _____Phone Number: _____

Insurance Carrier: _____Policy Number: _____

Waiver Exclusion Clause: I, the undersigned parent/guardian, in enrolling in this lacrosse league/clinic/tournament, understand that in attending any sport program and using the facilities do so at the participant's own risk. The Shooters Lacrosse, its representatives, Clearwater Youth Lacrosse Inc, the City of Clearwater, the county of Hillsbourgh, The Tampa Bay Youth Football League, D & E Associates and all agents shall not be held liable for any damages whatsoever arising from any personal injury, disability, death or property loss sustained by participants or family members on the premises. Participants, parents/guardians assume full responsibilities for all injuries and damages which may occur in or around any program on the premises and hereby fully and forever release, discharge and hold harmless Shooters Lacrosse and all associated facilities and there owners, agents and employees from any claims, damages, rights of action, present or future, resulting from or arising out of any person's participation in any program or use of it's facilities. In addition, participant agrees to follow the rules and conduct set by the Shooters Summer Lacrosse director. Participant, parent/guardian, understands that failure to comply with rules and regulations will result in suspension from participants. I, the undersigned parent/guardian, hereby grant authority to Shooters Lacrosse director, to render a judgment concerning medical assistance or illness during my absence. Shooters may be taking photos, videos, and other images of our participants. These images will be the property of the Shooters and may be shared with the media and posted on the internet. Shooters Lacrosse is hereby granted permission to use the image of the participant without further notification. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images and/or video taken for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and websites.

Signed: _____ Date: _____

Effective July 1st, 2012 Florida Statute 943.0438 requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury, each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

The Facts:

A concussion is a brain injury.

All concussions are serious.

Concussions can occur without the loss of consciousness.

Concussions can occur in any sport.

Recognition and proper management of concussions when they first occur can help prevent further injury or even death.

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. a concussion is caused by a blow to the head or body which causes the brain to move rapidly inside the skull. Even a "Ding", "Getting your bell rung", or what seems like a mild bump or blow to the head can be serious. Concussions can also result from a fall or players colliding with each other or obstacles, such as a goal post, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following signs in your athletes: 1. A forceful blow to the head or body that results in rapid movement of the head. -and- 2. any change in the athlete's behavior, thinking, or physical functioning.
Signs and symptoms of concussion that may be reported by a coach or other observer:

- • appears dazed or stunned.
- • Is confused about assignment or position.
- • Forgets sports plays.
- • Is unsure of game, score, or opponent.
- • Moves clumsily.
- • answers questions slowly.
- • Loses consciousness(even briefly)
- • Can't recall events prior to hit or fall.
- • Signs and symptoms that may be reported by the player:
- • Headache or pressure in the 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.
- • Does not feel right.

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training at http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html Under Florida law the player who is suspected of having a concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating the athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an

appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health care professional (AHCP) is defined as either licensed physician(MD as per Chapter458, Florida Statutes) a licensed physicians assistant under the supervision of a MD/DO(as per Chapters 458.347 and 459.022, Florida statutes) or a health care professional trained in the management of concussions.
I have read and understand this consent form, and I volunteer to participate.

Player Name:_____

Signature:_____ Date:_____

As parent or guardian, I have read and understand this consent form and give permission for my child named above to participate.

Parent/Legal Guardian Name:_____ Signature: _____Date:_____