



PLAYER INFORMATION

Players Name	_____	Date of Birth	_____
High School	_____	Grade (Fr, So, Jr, Sr)	_____
Height	_____	Weight	_____
Players Cell Phone	_____	Short Size (S-XL)	_____
Players Home Phone	_____	Shirt/Hoodie Size (S-XL)	_____
Players Email	_____	Sweatpant Size (S-XL)	_____
Players Home Address _____			
Mothers Name	_____	Fathers Name	_____
Mothers Cell Phone	_____	Fathers Cell Phone	_____
Mothers Work Phone	_____	Fathers Work Phone	_____
Mothers Email	_____	Fathers Email	_____

Calling Post Number _____

Calling Post is an automated telephone message service that the team uses for rapid communication. We need only one preferred number per family.

MEDICAL INFORMATION

Medical Insurance Company	_____	Policy Number	_____
Allergies or Special Conditions _____			

US LACROSSE MEMBERSHIP INFORMATION

US Lacrosse Number	_____	Expiration Date	_____
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RELEASE/AUTHORIZATION TO PUBLISH

I hereby give West Knox Warriors Lacrosse Club full, unrestricted rights to publish, distribute electronically and/or use any still or motion pictures, of me for use in editorial content, art, advertising, trade or any other lawful purpose. I understand my likeness may be used in advertising and/or promotions. I hereby release and hold harmless the above named, its successors, coaches, board, and assigns from any liability or claims of damage whatsoever in connection with said use of my likeness. I waive any right to inspect and approve final use of materials covered hereunder. I certify that I am 18 years of age, or if a minor, have included as signatory to this release my parent or legal guardian, whose name and signature appear below. I have read and understand this Release, and certify that the information is true and accurate.

Parent Signature _____

Date _____

PARENT CODE OF CONDUCT

The West Knox Lady Warriors Lacrosse Parent agrees to:

- Assist player's timely arrival to practice, games, and team events.
- Assist in the development of player's individual decision-making abilities by not offering instructions from the sidelines during practices or games.
- Entrust lacrosse decisions to the coaches. West Knox Lady Warriors Lacrosse Club strives to provide a competitive athletic experience similar to high school varsity or junior varsity sports. Playing time for players in varsity games will be determined by their preparedness, ability, effort, and practice participation. If we are able to field a JV team, these same principles will apply for those players eligible to play JV.
- Attend games, display good sportsmanship, and be a supportive spectator of all teams and players.
- Volunteer in some capacity as requested by the club, particularly in preparation for and assisting in performance of events (e.g. keeping statistics, timing and scoring, ect.).
- Participate along with your player in fundraising activities.
- Pay all fees for services in the specified time frame, unless a separate payment plan is agreed upon.
- Enforce the player's code of conduct with your player.
- Provide your feedback, positive and/or constructive, to the Board President and Coaches in the specified manner. Assist the Board in taking action by remembering that feedback on specific, observable behavior is more easily addressed than generalizations or judgmental conclusions.

Parent Signature _____

Date _____

MEDICAL RELEASE

I, the undersigned as the parent or legal guardian of _____ hereby consent to any and all medical and surgical treatments, including anesthesia or operations which may be deemed advisable by any qualified physician selected by agents of West Knox Lady Warriors Lacrosse Club. The intention thereof is to grant authority to administer and perform any or all examinations, treatments or diagnostic procedures which may now or during the course of the patient's care, be deemed necessary by any qualified physician in the case of a medical emergency. Witness of my consent and agreement to the matters state above, I have subscribed my signature below.

Parent Signature _____

Date _____

RELEASE OF LIABILITY

In exchange for _____'s (player) participation with the West Knox Lady Warriors Lacrosse Club, conditioning, practice and play, I, _____ parent or legal guardian of named player, do hereby agree as follows:

1. I recognize that there are inherent risks associated with the conditioning for, practice of and play of lacrosse. I understand that lacrosse is a physically demanding contact sport. I hereby represent to West Knox Lady Warriors Lacrosse Club that the above named player is in good physical condition and has no known medical limitations that prevent him from engaging in such activities.
2. I agree to release and discharge West Knox Lady Warriors Lacrosse Club, its coaches, assistants, advisory board, agents and assigns from any liability for injury, illness or loss arising out of the named player's participation in this activity including but not limited to conditioning, practice, play and travel to or from practice or games.
3. In the event of any injury or illness, I authorize West Knox Lady Warriors Lacrosse Club to seek medical treatment and I will be financially responsible for any and all charges so incurred, including but not limited to emergency transportation, Physician/medical caregiver and hospital charges.
4. I understand that while high schools acknowledge the existence of the girl's lacrosse club, the actual engaging (playing) the sport of lacrosse is not sanctioned by the Tennessee Secondary School Athletic Association (TSSAA) and is governed by the Tennessee Girls Lacrosse Association (TGLA). I further understand that if my child attends a school that has established its own lacrosse team, my child must play for that team, unless otherwise approved by the TGLA prior to the start of season.
5. I have also been informed that lacrosse club activities (including, but not limited to, "practice or games") might not be chaperoned by any adult.
6. I furthermore agree that the player and her parents will be financially responsible for any damages caused to Knox County property, or any personal property of individuals or businesses, where such damage is caused by a player or players of the club, even if such damages are not caused within the scope of lacrosse related activities. The West Knox Lady Warriors Lacrosse Club assumes no liability for damages caused by its players above and beyond what is anticipated due to participation in lacrosse related activities.
7. I understand the terms herein are contractual and not a mere recital, and that I have signed this document as my own free act. I have fully informed myself of the contents of this affirmation and release by reading it completely before I signed it.

Parent Signature _____

Date _____

NOTARY PUBLIC

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State of Tennessee:

County of Knox:

Before me, the undersigned, a Notary Public in and for the County aforestated, personally appeared _____ with whom I am personally acquainted or proved on the basis of satisfactory evidence, and who, on oath, acknowledged himself/herself to be the parent or legal guardian of _____, executed this instrument for the purposes contained within, by signing.

Witness my hand and seal on this the ____ day of _____, 20____

Notary Public _____ Commission Expiration Date _____