



Player Apparel Pack

Hoodie, Sweatpants, Shooter Shirt

Player Name _____

Shooter Shirt Size _____

Hoodie Size _____

Sweatpant Size _____

Personalization on the back _____



Walled Lake Western Lacrosse Club (WLWLC) Form Checklist

- Walled Lake Western Lacrosse Team Registration Form
- Player Payment Agreement (Pay to Play)
- Walled Lake Western Uniform Contract/ Agreement
- Walled Lake Western Lacrosse Club (WLWLC) Refund Policy
- Walled Lake Western Lacrosse Club Sponsorship Opportunities
- Walled Lake Western Lacrosse Volunteer Agreement
- Walled Lake Consolidated School District Athletic Private Transportation Authorization
- NCAA Eligibility Guidelines
- MHSAA Physical

Required Checks (3 Separate Checks made out to WLWLC)

- Pay to Play (\$350)
- Uniform Deposit (\$100)
- Volunteer Deposit (\$100)

Walled Lake Western Lacrosse Team Registration Form

Registration/Season Year _____

Player's Name _____ Birth Date _____

Address _____

City _____ Zip _____ Cell Phone _____

Grade _____ Email _____

Position _____

Parent Information

Mother's Name _____

Email _____

Full Address _____

Phone _____

Father's Name _____

Email _____

Full Address _____

Phone _____

Physician: _____

Physician Phone Number: _____

Emergency Contact: _____

Emergency Contact Number: _____

Any medical condition (ex: asthma): _____

Players Signature _____ Date _____

Parents Signature _____ Date _____



Walled Lake Western High School Lacrosse Club

Player Payment Agreement (Pay to Play)

Date:

Player's Name: _____

Player's Phone Number: _____

Amount of Deposit Paid: == \$350.00

I understand that by making this payment, I am committing to play lacrosse for the Walled Lake Western Lacrosse Club for the 2023 spring lacrosse season. I agree and understand that this payment is non-refundable since my commitment will be used for the planning and budgeting of the upcoming season. Must be paid by March 13, 2023, to tryout.

Player's Signature: _____

Date:

Parent's Signature: _____

Date:



Walled Lake Western Lacrosse Club (WLWLC) Refund Policy

The refund policy for the WLWLC is as follows:

If a player is injured during a game or team practice, within the first 50% of the games played, excluding playoffs, the player shall receive a refund of ½ of the fees paid. To receive this refund, the player must:

- Be unable to complete the season due to the injury
- Provide the WLWLC board with a letter from his physician stating that the injured player will miss the remainder of the season.

There shall be no other circumstances when a refund shall be given once the player's fees have been paid.

I have read and fully understand the refund policy:

Player's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____



Walled Lake Western Uniform Contract/ Agreement

Player Name: _____

Player Number: _____

Varsity/JV

Walled Lake Western Lacrosse Club is collecting **\$100** check/cash for the cost of the lacrosse uniform/bag. This is a deposit. It will be returned when **all** items from the club are returned. If any item is lost or missing, the WLWLC will cash the check to cover the expense of the item.

-1 Equipment Bag

- 2 pair of lacrosse shorts (Varsity) 1 pair lacrosse shorts (JV)

-2 lacrosse jerseys (home/away)

-1 Pinnie

I will return the items listed above in good condition and washed before the banquet/end of the season. I agree to pay the cost of any missing item listed above if not returned to the WLWLC.

Player signature: _____

Parent Signature: _____

Date: _____



Walled Lake Western Lacrosse Volunteer Agreement

Volunteers are the mainstay of this organization. The Walled Lake Lacrosse Club is collecting a \$100 deposit for volunteering. Your family must volunteer for at least **FIVE** volunteer slots. If your family meets this requirement, you will have fulfilled your Volunteer Agreement and will get the deposit returned.

I, _____ agree to the Walled Lake Western Volunteer Agreement. We will volunteer for at least five volunteer slots during the year.

Parent signature

MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old



Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

<input type="checkbox"/> your participation in sports for any reason?	<input type="checkbox"/> y	<input type="checkbox"/> N
Do you have any ongoing medical conditions? If so, please identify below: XXX <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:		
Have you ever spent the night in the hospital or have you ever had surgery?		
_____ exercise?	<input type="checkbox"/> y	<input type="checkbox"/> N
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
Does your heart ever race or skip beats (irregular beats) during exercise?		
Has a doctor ever told you that you have any heart problems? Check all that apply: XXX <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol		
XXX <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:		
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)		
Do you get lightheaded or feel more short of breath than expected during exercise?		
Do you have a history of seizure disorder or had an unexplained seizure?		
Do you get more tired or short of breath more quickly than your friends during exercise?		
_____ drowning?	<input type="checkbox"/> y	<input type="checkbox"/> N
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?		
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		
_____ Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?	<input type="checkbox"/> y	
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?		
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?		
Do you regularly use a brace, orthotics or other assistive device?		
<input type="checkbox"/> Do you have a bone, muscle or joint injury that bothers you?		
Do any of your joints become painful, swollen, feel warm or look red?		
Do you have any history of juvenile arthritis or connective tissue disease?		
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?		

_____ breathing during or after exercise?	<input type="checkbox"/> y	<input type="checkbox"/> N
Have you ever used an inhaler or taken asthma medicine?		
Is there anyone in your family who has asthma?		
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?		
Do you have groin pain or a painful bulge or hernia in the groin area?		
Have you had infectious mononucleosis (mono) within the last month?		
Do you have any rashes, pressure sores or other skin problems?		
Have you had a herpes or MRSA skin infection?		
Do you have headaches or get frequent muscle cramps when exercising?		
Have you ever become ill while exercising in the heat?		
Do you or someone in your family have sickle cell trait or disease?		
Have you had any problems with your eyes or vision or any eye injuries?		
Do you wear glasses or contact lenses?		
Do you wear protective eyewear such as goggles or a face shield?		
Immunization History: Are you missing any recommended vaccines?		
Do you have any allergies?		
Have you ever had a head injury or concussion?		
Do you have any concerns that you would like to discuss with a doctor?		
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?		
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?		
Have you ever had an eating disorder?		
Do you worry about your weight?		
Are you trying to or has anyone recommended that you gain or lose weight?		
Are you on a special diet or do you avoid certain types of foods?		
_____	<input type="checkbox"/> y	
How old were you when you had your first menstrual period?		
How many periods have you had in the last 12 months?		

CURRENT-YEAR PHYSICAL= GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____ Male Female BP: _____ Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: Y N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin: HSV: _____ Lesions suggestive of MRSA, tinea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

RECOMMENDATIONS: _____
 I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below.
 BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY
 LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING/DIVING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

EXAMINER Name of Examiner (print/type): _____ Date: _____
 Signature of Examiner: _____ (Check One): MD DO PA NP
 (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) - - - - -

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

0 Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____
 IN EMERGENCY (1): _____ Home#: (____) _____ Cell#: (____) _____
 IN EMERGENCY (2): _____ Home#: (____) _____ Cell#: (____) _____
 Drug Reactions: _____ Current Medications: _____
 Allergies: _____

PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE



Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

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Student Name: _____
LAST FIRST MIDDLE INITIAL

Student Address: _____
STREET CITY ZIP

Gender: M F Age: __ Date of Birth: _____ Place of Birth (City/State): _____

School: _____ Circle Grade: 6 7 8 9 10 11 12

Father/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Mother/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: Parent/Guardian/18-Year-Old: _____

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

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Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

Signature of STUDENT: _____ Date: _____

Signature of PARENT or GUARDIAN or 18-YEAR-OLD: _____ Date: _____

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: YES NO

If YES, Family Insurance Co: _____ Insurance ID#: _____

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

Signature of PARENT or GUARDIAN or 18-YEAR-OLD: _____ Date: _____

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

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_____, an 18-year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

Signature of PARENT or GUARDIAN or 18-YEAR-OLD: _____ Date: _____

Walled Lake Western LACROSSE

SPONSORSHIP OPPORTUNTIES



Tax ID #46-0693848

PLATINUM: \$2,000

- 3 x 8 Personalized Banner that will be hung in stadium through season
- Numerous verbal recognitions at all home games
- Advertisement exposure on WLW Website & Social Media sites
- Full-color, logo display in every home game program
- Free entrance for all home games
- 2 Euchre Tournament entrance passes and 10 Raffle tickets to awesome Euchre Tournament baskets on 4/13

GOLD: \$1000

- 3 x 8 Personalized Banner that will be hung in stadium through season
- Numerous verbal recognitions at all home games
- Advertisement exposure on WLW Website & Social Media sites
- Full-color, logo display in every home game program
- 5 Raffle tickets to awesome Euchre Tournament baskets on 4/13
- Team Sponsor Plaque

SILVER: \$500

- 3 x 8 Personalized Banner that will be hung in stadium through season
- Full-color, logo display in every home game program
- Numerous verbal recognitions at all home games
- Advertisement exposure on WLW Website & Social Media sites
- 3 Raffle tickets to awesome Euchre Tournament baskets on 4/13

Bronze: \$250

- Full-color, logo display in every home game program
- Numerous verbal recognitions at all home games
- 2 Raffle tickets to Euchre Tournament baskets on 4/13

Your sponsorships help reduce their self-funded player fees by the following:

***Platinum \$350 *Gold \$250 *Silver \$150 *Bronze \$50**

All dollars raised go directly to our program to pay for coaches, uniforms & referees.

Business Name: _____

Sponsorship Level: _____

Phone: _____

Email: _____

Contact Name: _____

***Please make Check payable to: WLWLC (Walled Lake Western Lacrosse Club)**

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
ATHLETIC PRIVATE TRANSPORTATION AUTHORIZATION

School _____ Sport _____ Coach _____

Effective only from _____ to _____
Date Date

Our team will be participating in a sport that requires transportation in privately owned vehicles. Students will NOT be allowed to participate unless this form is completed and returned to the team coach by _____

Check all that apply:

1. I would like to **volunteer as a driver** for this athletic season only. I am aware and informed of my responsibilities as a volunteer driver. I have a valid driver's license, insurance and registration and I will maintain a smoke free environment for our students. I am able to provide _____ seatbelts.

- 2. I authorize my child, _____, to be transported by a **volunteer driver** as I am not able to provide transportation for this athletic season only.

-3. I authorize my child, _____, to drive **his/her self only** for this athletic season only. I verify that my child has a valid driver's license, insurance and registration.

• I authorize my child, _____, to **drive his/her self and others** for this athletic season only. I verify that my child has a valid driver's license, insurance and registration and will maintain a smoke free environment for other students. My child is able to provide _____ seatbelts.

I release the Walled Lake Consolidated Schools and its Board members, administrators, teachers, employees and agents ("released parties") from any and all claims whatsoever arising from or relating to my participation or my child(s)'s participation in this event ("released claims"). I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements and/or judgments.

Student Name Printed

Student Signature

Parent/Guardian Name Printed

Guardian Signature

Parent/Guardian Name Printed

Guardian Signature

Address

Day Phone

Coach Signature

Date

Principal Signature

Date

NCAA Eligibility Guidelines

Walled Lake Central High School
 Walled Lake Northern High School
 Walled Lake Western High School

Check list for College-Bound Student-Athletes

- Register at www.eligibilitycenter.org
- Ask your high school counselor to send your transcript to the NCAA Eligibility Center at the end of your junior year.
- Check with your high school counselor to make sure you are on track to graduate on time with your class and have the required amount of core courses.
- Request final amateurism certification during your senior year (beginning April 1).
- Ask your high school counselor to submit your final transcript with proof of graduation.

Divisions I and II Academic Eligibility Requirements

Division I	Division II
<ul style="list-style-type: none"> 16 NCAA approved core-course credits 4 years of English 3 years of math (Algebra 1 or higher) 2 years of science (including one year of lab, if offered) 1 additional year of English, math or science 2 years of social science 4 additional years of English, math, science, social science, world language or nondoctrinal religion/philosophy Complete 10 of your 16 NCAA approved core-course credits, including 7 in English, math or science, before the start of the 7th semester. Complete your 16 NCAA approved core-course credits in 8 academic semesters or 4 consecutive academic years from the start of 9th grade. Earn a MINIMUM of 2.3 core-course NCAA GPA Request for your counselor to submit your final transcript with proof of graduation to the Eligibility Center 	<ul style="list-style-type: none"> 16 NCAA approved core-course credits 3 years of English 2 years of math (Algebra 1 or higher) 2 years of science (including one year of lab, if offered) 3 additional years of English, math or science 2 years of social science 4 additional years of English, math, science, social science, world language or nondoctrinal religion/philosophy Earn a MINIMUM of 2.2 core-course NCAA GPA Request for your counselor to submit your final transcript with proof of graduation to the Eligibility Center.

Student Name PRINT: _____

2023-24 NCAA Initial Eligibility Waiver

- As a student in Walled Lake Schools who plans to participate in collegiate sports, I understand and agree to abide by the rules and procedures indicated by the NCAA Eligibility Center.
- I have read and understood the NCAA Eligibility Guidelines including:
 - The check list for College-Bound Student Athletes** (1) Register at www.eligibilitycenter.org (2) Communicate with your counselor to ensure that you are on track to graduate and meet the NCAA Core Course requirements.
 - Division I and II Eligibility Requirements** (1) Core Cores Requirements (2) Grade-Point Average requirements.
- I realize that it is my responsibility as a prospective student athlete to register at the www.eligibilitycenter.org and seek additional assistance from my school counselor as needed.

Student's Signature: _____ Date _____

Parent's Signature: _____ Date _____



EUCHRE Tournament



Saturday, April 13th
Wixom VFW Hall
2652 Hillcrest, Wixom
Registration/Food 6-7pm
Play begins promptly @ 7pm



\$25 per player (prepaid) \$30 @ door, \$10 non-players

All skill levels welcome, partners randomly assigned after 1st Round

Raffle Baskets, 50/50 drawings and lots of Fun!

BYOB, coolers are welcome, please drink responsibly
This event is 21+

Lacrosse players will receive 1 ticket per paid participant to be entered in a drawing for 50% off 2023 player fees!
Get as many people signed up and paid to Win!

Must pre-register by email: wllwarriorlacrosse@gmail.com
Prepayment is accepted via Venmo: [@kathryn-Copeland](#)
Indicate players name in memo for Raffle Drawing



venmo

Proceeds to support Walled Lake Western Lacrosse

Tax ID #46-0693848