

## **VALLEY CENTER GIRLS' JUNIOR LACROSSE CLUB 2010 GENERAL INFORMATION**

Welcome Parents and Players!

Please find attached the Registration Forms for participation on the 2010 Valley Center Girls' Junior Lacrosse Club. The Registration Forms, US Lacrosse Membership Application, and Dues check (\$75 payable to Valley Center Lacrosse Foundation or VCLF) must be received by me before your daughter can participate in practices or games; forms, US Lacrosse application, and dues can be mailed to me at the address below or submitted to me at any pre-season clinic or practice. I look forward to seeing you and your daughter and the start of the upcoming season. Please call me if you have questions.

**US LACROSSE MEMBERSHIP:** All players must be members of US Lacrosse for insurance purposes. Please complete the US Lacrosse membership application, available by link on the [www.vclacrosse.org](http://www.vclacrosse.org) website, and return to me with your registration forms. I will submit US Lacrosse applications as a team. All membership fees are included in your team dues. No extra payment by you is required.

**ELIGIBILITY:** Girls in 6<sup>th</sup> through 8<sup>th</sup> grades are eligible to participate. If your daughter has any short- or long-term commitments during the lacrosse season that may conflict with lacrosse, please call me before registering.

**PRACTICES:** Team practices will be conducted at the Valley Center Lower Elementary School. The first practice will be on Monday, January 25 at 3:15 - 5:00pm. Practices will be on Mondays and Wednesdays.

**GAMES:** The team will be competing within the San Diego County Girls' Lacrosse Association and will play teams from throughout the County. Games will be played on Saturdays and/or Sundays. Home games will be played at the Valley Center Primary School.

**EQUIPMENT:** Players must purchase and provide their own sticks, goggles, and mouth guards (no clear mouth guards). Some loan equipment sticks and goggles are available. While equipment can be purchased from numerous sources, the closest retail stores are Sports Authority at Carmel Mountain Ranch and South Swell Lacrosse in Rancho Bernardo (11828 Rancho Bernardo Road).

**QUESTIONS?** For further information, contact me at 760-749-9739 (H) or 760-504-5605 (C) or email [wfiehler@aol.com](mailto:wfiehler@aol.com).

Thank you,  
Wendy Fiehler, Coach  
P.O. Box 1727, Valley Center, CA 92082

**VALLEY CENTER GIRLS' JUNIOR LACROSSE CLUB  
2010 PLAYER INFORMATION FORM**

Player:  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Mailing Address:

Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Player's school \_\_\_\_\_

Grade in School \_\_\_\_\_ Date of birth \_\_\_\_\_

Player's US Lacrosse number \_\_\_\_\_ (if already a Member) \_\_\_\_\_

Player E-Mail Address \_\_\_\_\_ Parent E-mail Address: \_\_\_\_\_

**(E-mail will be primary form of communication, we prefer e-mail addresses for both player and parents)**

Player's Cell Phone \_\_\_\_\_

Parents Names and Contact Numbers:

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

In order to play for the team you must be a member of US Lacrosse. Your membership application will be submitted on your behalf by the Valley Center Girls' Junior Lacrosse Club with payment included within your Team dues. The membership includes insurance benefits and is the method by which our team satisfies its obligation for liability insurance.

**Team dues are \$75. All checks for dues should be made payable to the Valley Center Lacrosse Foundation or VCLF. There will be no refunds after the first game.**

**The following items should be returned with this form. A player cannot begin participation until these forms are turned in.:**

- \_\_\_-Medical information Form (completed by parent or guardian)
- \_\_\_-Ethics in Sports Statement (completed by both parent and player)
- \_\_\_-Release of Liability and Assumption of Risk Agreement (signed by parent and player)
- \_\_\_-US Lacrosse Membership Form (fill out top only & sign, do not include check)
- \_\_\_-**Check payable to Valley Center Lacrosse Foundation (or VCLF) for \$75.**

# VALLEY CENTER GIRLS' JUNIOR LACROSSE CLUB 2010 MEDICAL INFORMATION FORM

(To be completed by parent or guardian)

PLAYER'S NAME: \_\_\_\_\_

In case of injury, I hereby give consent for my daughter to have initial first aid administered by team personnel in charge and to be transported to a doctor for further treatment if deemed necessary.

Parent:

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Covered Employee if group health insurance: \_\_\_\_\_

**Brief Medical History:**

Please circle the appropriate response for all of the following questions regarding your daughter's medical history:

Yes	No	Has had injuries requiring medical attention
Yes	No	Has had an illness requiring hospitalization
Yes	No	Is under a physician's care at this time
Yes	No	Is allergic to something (i.e. medications, bee stings, milk, etc...). Please list
Yes	No	Takes medication at this time. Please list.
Yes	No	Is hearing impaired
Yes	No	Wears contact lenses
Yes	No	Has fixed or removable appliances in mouth? List:
Yes	No	Has fainted during exercise
Yes	No	Has a history of heart disease or diabetes
Yes	No	Has asthma or uses an inhalant
Yes	No	Is there any reason for the individual to avoid contact?

Please explain any yes responses:

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Note: If there is any concern about your daughters medical circumstances and the appropriateness of participating in lacrosse activities, please get a note of clearance from your doctor.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

# VALLEY CENTER GIRLS' JUNIOR LACROSSE CLUB ETHICS IN SPORTS STATEMENT

## I POLICY STATEMENT

The San Diego County Girls' Lacrosse Association (SDCGLA) and Valley Center Girls' Junior Lacrosse Club (VCGJLC) are committed to the exhibition of sportsmanship and ethical behavior in and around all athletic contests and activities conducted under its sanction.

The SDCGLA and VCGJLC will not tolerate any form of violence during contests or activities conducted under its jurisdiction. The SDCGLA and VCGJLC have established rules and regulations which set forth the manner of enforcement of this policy and the penalties incurred when violations take place. The player signed below agrees to abide by those rules whether known or unknown by the player. The player acknowledges his responsibility to become familiar with the rules and regulations.

The rules and regulations focus upon the responsibility of the coach to teach and demand high standards of conduct from the team's players.

## II CODE OF ETHICS FOR PLAYER

The undersigned agrees to the following:

- A. Conduct oneself in a courteous fashion at all times
- B. Exercise self control
- C. Become familiar with the rules of the game and the rules and regulations of the SDCGLA & VCGJLC
- D. Show respect to players, officials and coaches
- E. Refrain from the use of foul and abusive language or taunting of other players
- F. Respect the integrity and judgement of the game officials
- G. Refrain from the use of illegal and nonprescription drugs, steroids, or any substance intended to increase physical development or performance that is not approved by the US Food and Drug Administration, Surgeon General of the US, or the American Medical Association.
- H. Refrain from the use of alcoholic beverages and tobacco products.

I have read and understand this Ethics In Sports statement and I understand there may be severe penalties for violating SDCGLA and/or VCGJLC rules and regulations. I agree to abide by the policies and regulations of the SDCGLA and VCGJLC.

Player's signature \_\_\_\_\_

Date \_\_\_\_\_

Player's name (print) \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's name (print) \_\_\_\_\_

# VALLEY CENTER GIRLS' JUNIOR LACROSSE CLUB RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in the Valley Center Girls' Junior Lacrosse Club (VCGJLC) athletic sports program and its related events and activities, the undersigned acknowledges and agrees that:

1. There is a real risk of injury from athletic activities, particularly the events and activities regarding this program. Although particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury, including permanent disability and death, does exist. The undersigned acknowledges and fully understands that each participant will be engaging in ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, and severe social and economic losses which might result not only from his own actions, inactions or negligence of others, but also from the rules of play, or the condition of the premises or of any equipment used. Further, the undersigned acknowledges that there may be other risks not known to the VCGJLC or not reasonably foreseeable at this time. THE UNDERSIGNED FURTHER ACKNOWLEDGES AND AGREES THAT HE IS NOW AND WILL REMAIN A MEMBER OF US LACROSSE AT ALL TIMES DURING HIS PARTICIPATION IN THE VCBJLC. AND ITS RELATED ACTIVITIES AND EVENTS.
2. I KNOWINGLY AND FREELY ASSUME ALL THE RISKS, both known and unknown, OF PARTICIPATING IN LACROSSE ACTIVITIES, INCLUDING WITHOUT LIMITATION, PRACTICES, GAMES, CLINICS AND TRAVEL TO AND FROM SUCH ACTIVITY, EVEN IF ARISING FROM ANY NEGLIGENCE OF THE RELEASED PARTIES listed in No. 4 or others, and assume full responsibility for my participation.
3. I willingly agree to comply with the stated and customary terms and conditions of each organization for participation. If, however, I observe an unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of my coach and/or a San Diego County Lacrosse Association (SDCGLA) representative immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next-of-kin, HEREBY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE VCGJLC, SDCGLA, VALLEY CENTER LACROSSE FOUNDATION and US LACROSSE, their respective directors, organizers, administrators, officers, agents, and/or employees, other participants, coaches, officials, sponsoring agencies, sponsors advertisers, and owners and lessors of premises used to conduct activities (each person or entity hereinafter referred to as a "Released Party"), WITH RESPECT TO DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR PART BY THE INDIVIDUAL OR COLLECTIVE NEGLIGENCE OF ANY OF THE RELEASED PARTIES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY:

Participants Name (Print): \_\_\_\_\_

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION:** This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read the above Release of Liability and Assumption of Liability Agreement (Agreement), and do consent and agree to his/her release as provided above, and hereby execute this Agreement for and on behalf of the participant. In addition, for myself, my heirs, assigns, and next-of-kin, I release and agree to indemnify and hold harmless each of the Released Parties from any and all liabilities incident to my minor child's involvement and participation in events or activities, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_