



# Turpin High School Lacrosse Club

## REGISTRATION PACKET



*Updated for 2016 Season*

Player First Name	Middle Name	Last Name	
DOB:	<b>CLASS:</b> <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		
Street Address:		Home Phone:	Player Cell:
City	State	Zip Code:	Home Email: <span style="float: right;">Player Email:</span>
Mom Name:	Address if different from above:		
Cell:	Phone if different from above:		
Dad Name:	Address if different from above:		
Cell:	Phone if different from above:		
Lacrosse experience:	<input type="checkbox"/> Returning THS Player <input type="checkbox"/> New to Lacrosse <input type="checkbox"/> Experienced Player – Blue Jays/other		
Did Student participate in Turpin fall or winter sports? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are OHSAA & medical forms on file at Athletic Office? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Students who participate in the Turpin High School Lacrosse Club are expected to follow the same rules of conduct as described in the **Turpin High School Athletic Handbook**, including but not limited to the following guidelines. An athlete who violates these rules, regulations, and policies can face disciplinary action up to and including dismissal from the team with full forfeiture of any paid fees.

### US Lacrosse Membership

Each player and coach must carry an updated US Lacrosse membership throughout the entire season. This provides liability insurance for the team. It is the player's responsibility to obtain and update his US Lacrosse Membership annually via [www.uslacrosse.org](http://www.uslacrosse.org).

### Attitude, Behavior and Attendance

Each athlete is expected to act in a respectful manner toward coaches and officials, abiding by their decisions during practices and games. Arguing with a coach may result in possible dismissal from the team. Each athlete is expected to act in a respectful manner towards teammates, opposing team players and fans. Each athlete shall be expected to attend all practices and games. Absences can be excused at the coach's discretion.

### Substance Use/Tobacco

The use, sale, consumption or possession of tobacco, alcohol or illegal controlled substances, which include inhalants, look-alikes, and/or other illegal substances, is strictly prohibited.

### Academic Eligibility

The Turpin Lacrosse Club supports the academic success of all student athletes. Player eligibility follows the same academic guidelines that are established for Turpin High School student athletes. Please refer to THS Athletic Handbook for details.

I have read, understand and agree to the above rules, regulations and policies set forth by the Turpin High School Lacrosse Club.

US LACROSSE MEMBERSHIP NUMBER IS: _____	Expiration Date: _____
Player Signature: _____	Date: _____
Parent Signature: _____	Date: _____

**WAIVER AND RELEASE OF LIABILITY**

*Updated for 2016 Season*

**Student Player and Parent / Guardian Agreement to Participate:**

In consideration of being allowed to participate in any way in the Turpin High School Lacrosse Club athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE LEASEES or others, and assume full responsibility for my/my child's participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my/my child's presence or participation, I will remove myself/my child from participation and bring such to the attention of the nearest official immediately; and, I, for myself/my child and on behalf of my/my child's heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Turpin High School Lacrosse Club, their officers, officials, agents, volunteers and/or owners and lessors of premises used to conduct the event (lessees.)
4. I have read this release of liability and assumption of risk agreement, fully understand it's terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.
5. For participants of minority age, I, as parent/guardian with legal responsibility for this participant, do consent and agree to his participation and agree to the release of liability as stated above.
6. I, as parent/guardian with legal responsibility for this player, do hereby consent and agree to his release as provided above, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the lessees from any and all liabilities in incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence.

**Transportation to/from Practice Sites:**

1. Arrangements and provisions for transportation to practice sites are the responsibility of the player and parent when a game bus is not provided for the team.
2. If players drive themselves or ride with other player, it is at the sole responsibility and discretion of the parent or guardian and the Club, its officers and/or coaches SHALL BE HELD BLAMELESS for any harm or injury.
3. If a team bus is provided to away games, players are expected ride the bus to and from the game. A player may be excused from riding the bus only with knowledge and approval of a member of the coaching staff in advance.
4. An adult coach or other chaperone will be provided for all bus trips by the team.

**Player Signature:**

**Date:**

**PRINT NAME:**

**Parent Signature:**

**Date:**

**PRINT NAME:**

**EMERGENCY MEDICAL AUTHORIZATION**

Updated for 2016 Season

**Purpose of Consent** - Parent authorization of emergency medical treatment for students who become ill or injured while participating, when parents cannot be reached.

Player \_\_\_\_\_ D.O.B. \_\_\_\_\_ Home Ph \_\_\_\_\_  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mother \_\_\_\_\_ Work Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_  
 Father \_\_\_\_\_ Work Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

**Emergency contacts other than parents:**

1) Name \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_  
 2) Name \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_

Allergies:  None \_\_\_\_\_

**Player's medical history including medications and physical implants to which physicians should be alerted:**

\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus booster: \_\_\_\_\_ Health Insurance: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

**\*\*\*EITHER Part 1 or Part 2 must be completed\*\*\***

**Part 1 (to grant consent):**

In the event reasonable attempts to contact me at above phone numbers are unsuccessful, I hereby give my consent for:

(1) The administration of any treatment deemed necessary by:

(Preferred Doctor) Dr. \_\_\_\_\_ Phone: \_\_\_\_\_ OR

(Preferred Dentist) Dr. \_\_\_\_\_ Phone: \_\_\_\_\_ OR

If in the event the designated preferred practitioner is not available, I authorize the administration of any treatment deemed necessary by another licensed physician or dentist. AND/OR

(2) The transfer of my child to (preferred hospital) \_\_\_\_\_ or any hospital reasonably accessible.

This authorization does not cover surgery unless the medical opinion of two other licensed Physicians or Dentists concur with the necessity of surgery prior to the procedure.

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

**\*\*\*EITHER Part 1 or Part 2 must be completed\*\*\***

**Part 1 (Refusal to consent):**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish(descriptivewishes)\_\_\_\_\_

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