

# Upstate Lacrosse Association

## **2020 Binder Certification**

Organization (full name):

\_\_\_\_\_

**Team** (ex. 3/4 Boys, etc.)

\_\_\_\_\_

**Head Coach/Asst. Coaches; name, email, and phone number**

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\_\_\_\_\_

**Attach Team Roster**

I hereby certify that all the necessary information is contained in each of the Organizations U.L.A. Team Binders. The Team Binder is held by the Head Coach listed above and is available for review at each game and practice. The following Documents required in each Binder:

1. Organizational Insurance Certificate.
2. Roster - which includes Player/Parent/Coach contact information.
3. Medical Authorization Form (for each child).
4. U.L.A. Waiver (for each child).

**Name** \_\_\_\_\_ **Date**

\_\_\_\_\_

**Witness** \_\_\_\_\_ **Date**

\_\_\_\_\_

Revised- 2/2020