



### Player Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(Optional) Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_ US Lacrosse Nbr. \_\_\_\_\_

Years Experience \_\_\_\_\_ Position \_\_\_\_\_

### Parent Guardian Information

Last Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ First Name \_\_\_\_\_

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

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

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Primary Contact Email(s) \_\_\_\_\_

Please list all email addresses for which you would like to receive club updates

### Emergency Contact Information

#### Primary

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

#### Secondary

Physician Name \_\_\_\_\_ Phone Nbr. \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone Nbr. \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Medical Insurance Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Please list any medical issues that coaches should know about: \_\_\_\_\_

### Equipment

**All Players will need a helmet, stick, shoulder pads, elbow pads and gloves.**

Starter Kits are available at Sling It Lacrosse in downtown San Rafael.



**Scholarships**

Each year the Central Marin Blue Jays provide scholarships for players in need. Please contact Tom Carhart at cmbjlax@gmail.com to apply.

**Please help support scholarship program and donate to the Blue Jays**

\_\_\_\_\_ Yes, please contribute \$25 to the scholarship program

\_\_\_\_\_ Yes, please contribute \$50 to the scholarship program

**Volunteer**

**We Need You!! Please let us know if you would like to get involved with the CMBJs and volunteer to help us prepare for the upcoming Spring Season.**

**The Blue Jays need your help. Please let us know if you will be available to help with any of the following jobs:**

\_\_\_\_\_ Fundraising Helper

\_\_\_\_\_ Merchandise

\_\_\_\_\_ Blue Jay Directory Helper

\_\_\_\_\_ Webmaster

\_\_\_\_\_ Team Manager or Team Manager Coordinator

\_\_\_\_\_ Uniform / Equipment Manager

**Payment**

Please make checks payable to Central Marin Blue Jays

Fall Ball Program	\$95	_____
Sibling Discount	\$75	_____
Scholarship Donation	\$25	_____
	\$50	_____
Total		_____

**Waiver**

Approval Required for Acceptance of Membership

1. Waiver and Release: I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that US Lacrosse, the host organization and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a Covered Event. This Waiver & Release shall also be for the benefit of and run in favor of any youth organization that requires participants to become a member of US Lacrosse as a condition to their participation in such organization's youth lacrosse events, which shall constitute the host organization for such Covered Events.
2. Medical Attention: I hereby give my consent to US Lacrosse and the host organization of a Covered Event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in Covered Events.
3. Readiness to Compete: I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete.
4. Information Certification: I certify that all information provided by me in this application, including without limitation my membership category, is true, accurate and complete and I understand that any untrue, inaccurate or incomplete statement or information will automatically invalidate my membership and all of the benefits of membership in US Lacrosse.
5. I have received a copy of the Code of Conduct and will discuss the contents with my child / parent / guardian. I agree with the conditions of this waiver.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



## **CENTRAL MARIN LACROSSE CLUB PLAYER CODE OF CONDUCT**

I promise to have a positive attitude and be responsible for my actions and participation in Central Marin Lacrosse.

I understand that as a Central Marin lacrosse player, I am expected to “be the best” in terms of effort and my actions both on and off the field. This includes how hard I work in school and at home, not just on the lacrosse field.

I will respect my coaches and will listen to them at all times.

I will respect all aspects of the game, including coaches, referees, teammates, opponents and fans.

I will be a good sport, and will encourage good sportsmanship from fellow players, coaches, referees and fans at every game and practice.

I will support my teammates and be a team player.

I will be humble in victory and gracious in defeat.

I will take responsibility for my own behavior, equipment and game uniforms.

I will do my best in school.

I will attend all practices and games. If I have a conflict I will notify my coach as soon as possible.

I will arrive at practice and games on time, with all of my equipment and ready to play and warm-up.

I will make sure my parents know when practice will end, so I am picked up on time.

I understand that ABSOLUTELY no language or attitude unbecoming a lacrosse player will be tolerated at practice or a game.

I will honor the game of lacrosse, and honor the Player Code of Conduct in my words and actions. I understand that if I don't live up to my promises, I can be suspended from practices, games, and even asked to leave the team.