The Jaguar Lacrosse Club

The Jaguar Lacrosse Club (JLC) is a post-season/off-season team that participates in the Shooters lacrosse league during the summer and fall seasons. Although we practice at the Academy of the Holy Names, this is not a program run by the Academy. We are independent of the Academy. The summer season is during the months of May and June. The fall season is during the months of September and October.

Registration is dealt with on a seasonal basis. We are currently registering for the Summer 2025 season (Registration form is on the next page).

**Our Goal is to field four teams at Shooters, based on age: 8 and Under (8U), 10 and Under(10U), 12 and Under (12U), and 14 and Under(14U). Age is determined by the players’ age during the competition year, which is September 1, 2024, to August 31, 2025. 8U and 10U will practice on Wednesday’s and Thursday’s from 5:30-7:00 beginning April 30, 2025. 12U and 14U will practice on Monday’s and Tuesday’s from 5:30-7:00 beginning April 28, 2025. \*\*All Games will be on Saturday mornings. Currently, games are scheduled to be in St. Petersburg and Palm Harbor. Exact locations are to be shared soon.**

Players need equipment, specifically: Helmet, shoulder pads, armguards, gloves, mouthpiece, cup, cleats, and of course, a stick. I recommend shopping for equipment at the Play It Again Sports at Britton Plaza in South Tampa, off Dale Mabry. They have a wide selection of new and used equipment to choose from.

The JLC is social media connected, so:

Like us on Facebook

<http://www.facebook.com/pages/Jaguar-Lacrosse-Club/172465079460973>

Follow us on Twitter    @doylebeast\_JLC

Subscribe to the YouTube Channel

http://www.youtube.com/user/doylebeast?feature=mhee

and LAX OUT LOUD!!:)

**Jaguar Lacrosse Club**

**2025 Summer Registration Form**

Please fill out a separate form for each child. Level of competition is based on players age between 9/1/2024 to 8/31/2025.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_

Home Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #: \_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #: \_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name/Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dentist’s Name/Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Please read the following section carefully. If you have a jersey you don’t have to pay for another one. <<<<<**

**\*\*\*\*If you are already a member of USL, you now maintain that on your own. <<<<<**

***Registration cost is $ 275.00 per player. Family Rate: $25 discount for each additional player per family****.*

Need a uniform? Jersey size\_\_\_\_\_\_ @$50.00 shorts size\_\_\_\_\_\_@$28.00

**Insurance handled through USLacrosse Membership! Visit** [**www.USLacrosse.org**](http://www.uslacrosse.org) **to join/renew your membership!!**

Still a member? USLacrosse #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make checks payable to: Jaguar Lacrosse Club. Or Venmo is @Michael-Doyle-JLC

(There will be no refunds after May15th , 2025. A $25 fee will be charged on all returned checks.)

**Jaguar Lacrosse Club Consent for Emergency Medical Treatment and Liability Waiver**

I, the parent/legal guardian of the registrant, a minor, agree that I will abide by the rules of the Jaguar Lacrosse Club, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury with lacrosse and in consideration for the Jaguar Lacrosse Club accepting the registrant for its lacrosse program and activities, I hereby release, discharge, and/or otherwise indemnify the Jaguar Lacrosse Club, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the facilities used for programs, against any claim by or on behalf of the registrant as a result of the registrant’s participation in the lacrosse programs and/or being transported to or from the same, which transportation I hereby authorize. I hereby give my consent for emergency medical care prescribed by duly licensed medical personnel. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

I understand that in signing this application, I affirm that the information given above is true and correct.

Name of Parent/Legal Guardian (print or type): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**MAIL; CHECK, REGISTRATION FORM:**

**Michael P. Doyle, 13384 87th Ave N, Seminole FL, 33776 or hand it in to Coach Doyle at School**

Questions? Contact us at: doylebeast@gmail.com

Official use only: Amount Paid: \_\_\_\_\_\_\_ Check: \_\_\_\_\_\_\_ USLA #: \_\_\_

**Concussion Information and Waiver**

Effective July 1st, 2012, Florida Statute 943.0438 requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury, each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth’s candidacy for an athletic team.

The Facts:

* A concussion is a brain injury.
* All concussions are serious.
* Concussions can occur without the loss of consciousness.
* Concussions can occur in any sport.
* Recognition and proper management of concussions when they first occur can help prevent further injury or even death.

**What is a concussion?** A concussion is an injury that changes how the cells in the brain normally work. a concussion is caused by a blow to the head or body which causes the brain to move rapidly inside the skull. Even a “Ding”, “Getting your bell rung”, or what seems like a mild bump or blow to the head can be serious. Concussions can also result from a fall or players colliding with each other or obstacles, such as a goal post, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following signs in your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head. -and-

2. any change in the athlete’s behavior, thinking, or physical functioning.

Signs and symptoms of concussion that may be reported by a coach or other observer:

* appears dazed or stunned.
* Is confused about assignment or position.
* Forgets sports plays.
* Is unsure of game, score, or opponent.
* Moves clumsily.
* answers questions slowly.
* Loses consciousness (even briefly)
* Can’t recall events prior to hit or fall.
* Signs and symptoms that may be reported by the player:
* Headache or pressure in the head.
* Nausea or vomiting.
* Balance problems or dizziness.
* Double or blurry vision.
* Sensitivity to light.
* Sensitivity to noise.
* Feeling sluggish, hazy, foggy, or groggy.
* Concentration or memory problems.
* Confusion.
* Does not feel right.

Both parents/guardians and players are advised to take the Center for Disease Control’s free online concussion training at <http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html> Under Florida law the player who is suspected of having a concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating the athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an

appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health care professional (AHCP) is defined as either licensed physician (MD as per Chapter458, Florida Statutes) a licensed physician’s assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida statutes) or a health care professional trained in the management of concussions.

I have read and understand this consent form, and I volunteer to participate.

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

As parent or guardian, I have read and understand this consent form and give permission for my child named above to participate.

Parent/Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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