



## **PQ LACROSSE CLUB MEDICAL INFORMATION**

### **Brief Medical History**

Please answer all of the following questions regarding your Child:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Has had injuries requiring medical attention?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has had an illness requiring hospitalization?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is under physician's care at this time?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is allergic to something (e.g. medications, bee stings, milk, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Takes medication at this time?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is hearing impaired; wears glasses/contact lenses?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Has fixed or removable appliances in mouth?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Has fainted during exercise?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Has a history of heart disease or diabetes?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Has Asthma or uses an inhalant?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Has had surgery or broken any bones?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Is there any reason for this individual to avoid contact?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Please explain any "YES" responses:**

### **PARENTAL AWARENESS AND LIABILITY RELEASE**

The undersigned parent(s) acknowledge their awareness that their child:  
has voluntarily decided to participate in the privately sponsored Lacrosse activity, and that said activity is **not** associated with, sponsored, coordinated or managed in any way by the Poway Unified School District (PUSD) or any of its schools. I/we further agree to hold the PQ Lacrosse Club, PUSD, its schools or their officers/employees, harmless from any and all liability, loss, expense, claims from illness or injury, or damages that may arise from participation in this private, voluntary activity.

### **Acknowledged:**

Parent/Guardian signature: \_\_\_\_\_ Date:

**PQ LACROSSE CLUB  
MEDICAL RELEASE AND EMERGENCY CONTACT**

This is to certify that \_\_\_\_\_ is in good physical health and has my/our permission to travel, practice and otherwise participate in all PQ Lacrosse Club activities.

In the event of illness or injury, I/we authorize the coach, assistant coach, trainer, commissioner or parent-in-charge to consent to emergency medical attention or care of said minor child and to execute any documents in my/our name, provided, however, they shall first make reasonable effort to inform me/us of such illness or injury or contact the insurance carrier, below, for instructions relative to the care and treatment of said child. I/we further authorize any hospital emergency medicine physician to render medical treatment, which in his/her judgment may be deemed necessary.

Parents Name(s)/Guardian: \_\_\_\_\_

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

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**If unable to reach me/us, the alternate listed below should be contacted:**

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

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**INSURANCE COVERAGE**

I certify that \_\_\_\_\_ has primary medical insurance which provides reasonable and customary coverage in illness or accidental injury occurring during participation in PQLC sponsored activities if US Lacrosse Membership insurance does not apply:

Subscriber's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Family/Child's Doctor: \_\_\_\_\_

Office phone: \_\_\_\_\_

**By signing below I agree to all the above items on this page.**

**Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**  
(sign after printing)

Note: All of our players are registered with **US Lacrosse** the national governing body of lacrosse. This registration includes an additional insurance coverage to all current members.

**Don't forget to print and complete the next page, the US Lacrosse Application. DO NOT send a separate check for this application, it is included in dues. Please have parent signature on form.**

# SAN DIEGO COUNTY LACROSSE ASSOCIATION ETHICS IN SPORTS STATEMENT

## I POLICY STATEMENT

The San Diego County Lacrosse Association (SDCLA) is committed to the exhibition of sportsmanship and ethical behavior in and around all athletic contests and activities conducted under its sanction.

The SDCLA will not tolerate any form of violence during contests or activities conducted under its jurisdiction. The SDCLA has 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 SDCLA
- 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

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

Players signature \_\_\_\_\_

Date

Players name (print) \_\_\_\_\_

# SAN DIEGO COUNTY LACROSSE ASSOCIATION

## RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in the San Diego County Lacrosse Association's (SDCLA) 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 SDCLA 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 SDCLA. 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 SDCLA 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 SAN DIEGO COUNTY LACROSSE ASSOCIATION 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: \_\_\_\_\_



Member ID# (if renewing and known) \_\_\_\_\_ circle one: **Male** **Female**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

\* Ensure you get all benefits by maintaining a current email address.

**STEP 1 - Select your membership category based on your age**

- \_\_\_ Youth: 15 and under - not H.S. player .....\$25
- \_\_\_ High School: 18 and under.....\$35
- \_\_\_ Adult: Ages 18+.....\$50

**STEP 2 - Select all categories where you participate:**

(You must identify each category of participation to obtain insurance coverage for that category. There is no additional charge for multiple categories)

- \_\_\_ **PLAYER**
- \_\_\_ **COACH (Check all that apply)**
- |   |   |
|---|---|
| Men's   | Women's   |
| <input type="radio"/> Youth                       | <input type="radio"/> Youth                       |
| <input type="radio"/> HS Assistant for JV/Varsity | <input type="radio"/> HS Assistant for JV/Varsity |
| <input type="radio"/> HS JV Head Coach            | <input type="radio"/> HS JV Head Coach            |
| <input type="radio"/> HS Varsity Head Coach       | <input type="radio"/> HS Varsity Head Coach       |
| <input type="radio"/> HS Club                     | <input type="radio"/> HS Club                     |
| <input type="radio"/> College Club                | <input type="radio"/> College Club                |
| <input type="radio"/> College Assistant           | <input type="radio"/> College Assistant           |
| <input type="radio"/> College Varsity Head        | <input type="radio"/> College Varsity Head        |
| <input type="radio"/> Post-Collegiate Club        | <input type="radio"/> Post-Collegiate Club        |

\*For information on becoming a CEP certified coach please visit: [www.uslacrosse.org/cep](http://www.uslacrosse.org/cep).

- \_\_\_ **OFFICIAL (Check all that apply)**
- |                                       |                                  |
|---------------------------------------|----------------------------------|
| Men/Boys'                             | Women/Girls'                     |
| <input type="radio"/> Youth           | <input type="radio"/> Youth      |
| <input type="radio"/> High School     | <input type="radio"/> Apprentice |
| <input type="radio"/> Post-Collegiate | <input type="radio"/> Local      |
- If you are a college official or assignor, contact US Lacrosse for the appropriate form.
- If your umpire level is district or higher, contact US Lacrosse for the appropriate form.

Enter your District Number \_\_\_\_\_ Enter your Local Board \_\_\_\_\_

(Contact US Lacrosse if you do not know your district or board.)

**All official category memberships expire 9/30, regardless of date joined.**

Officials and coaches receive one rulebook complimentary and may purchase additional rulebooks at \$8 each. Please indicate number for each type:

- |   |                            |
|---|----------------------------|
| ___ Men's NCAA  | ___ Women's NCAA           |
| ___ Men's HS/Youth (Federation)                             | ___ Women's HS/Youth (USL) |
| Total additional rulebooks purchased _____ @ \$8 each _____ |                            |

\_\_\_ **FAN** (for members who do not participate as a player, coach or official)

**Chapter Information:** A portion of your dues will be paid to your local Chapter covering your zip code, unless you indicate a different Chapter here (see website for listing):

**Charitable Information:** Please consider a tax-deductible gift to support the growth of lacrosse nationwide!  
US Lacrosse Fund \$ \_\_\_\_\_ **Your total Fee \$** \_\_\_\_\_

**STEP 3 - Complete your payment information**

- Payment Information:**
- Check Enclosed (payable to US Lacrosse)
  - Credit Card Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
Name on Card (if different than above): \_\_\_\_\_  
Address (if different than above): \_\_\_\_\_

**STEP 4 - Please sign waiver to the right**

**ENROLLMENT FORM AND MEMBER AGREEMENT**

**Insurance Information**

All categories except "Fan" include comprehensive secondary lacrosse insurance and must sign below. Insurance information, including claim forms, can be found on our website: [www.uslacrosse.org](http://www.uslacrosse.org).

**Signature Required for Acceptance of Membership**

In consideration of my membership in US Lacrosse, and my participation in US Lacrosse sanctioned, recognized or sponsored events ("Covered Events"), I agree to the following:

- 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 members of US Lacrosse as a condition to their participation in such organization's youth lacrosse events, which shall constitute Covered Events for purposes of this Waiver & Release, and any such youth lacrosse league 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 any 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. Code of Conduct:** I agree to all terms on the reverse side of this form (refers to accepted US Lacrosse/Positive Coaching Alliance Code of Conduct).

**Participant Primary Medical Insurance Carrier is:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

If participant is under 18, then a parent or legal guardian of this participant must sign.

As member, or as parent or legal guardian of a member under 18, I hereby verify by my signature below that I fully understand and accept each of the above conditions.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name of signor:** \_\_\_\_\_

**Membership is annual and non-refundable**

We suggest you renew online for the fastest and most efficient process:  
[www.uslacrosse.org](http://www.uslacrosse.org).

# US LACROSSE

## Code of Conduct

### US LACROSSE AND THE POSITIVE COACHING ALLIANCE

Lacrosse is the oldest American sport. Native Americans played lacrosse centuries ago, long before our colonies were settled. Through lacrosse, Native Americans celebrated and emphasized their spiritual and cultural values.

In an effort to promote appropriate values in the modern game, US Lacrosse has partnered with the Positive Coaching Alliance to promote positive coaching and good sportsmanship for all levels of lacrosse. US Lacrosse has included the following "Lacrosse Code of Conduct" as part of its membership application to encourage and foster appropriate values in players, coaches, parents, officials and spectators. US Lacrosse believes that it should be a priority of every lacrosse player, team, program and league to "Honor the Game."

#### US LACROSSE CODE OF CONDUCT

Players, coaches, officials, parents and spectators are to conduct themselves in a manner that "Honors the Game" and demonstrates respect to other players, coaches, officials, parents, spectators and fans. In becoming a member of the lacrosse community an individual assumes certain obligations and responsibilities to the game of lacrosse and its participants. The essential elements in this "Code of Conduct" are HONESTY and INTEGRITY. Those who conduct themselves in a manner that reflects these elements will bring credit to the sport of lacrosse, themselves, their team and their organization. It is only through such conduct that our sport can continue to earn and maintain a positive image and make its full contribution to amateur sports in the United States and around the world. US Lacrosse supports the following behaviors for those who participate in the sport or are involved in any way with US Lacrosse. The following essential elements of the "Code of Conduct" must be followed:

- + Sportsmanship and teaching the concepts of fair play are essential to the game and must be taught at all levels and developed both at home and on the field during practices and games.
- + The value of good sportsmanship, the concepts of fair play, and the skills of the game should always be placed above winning.
- + The safety and welfare of the players are of primary importance.
- + Coaches must always be aware of the tremendous influence they have on their players. They are to strive to be positive role models in dealing with young people, as well as adults.
- + Coaches should always demonstrate positive behaviors and reinforce them to players, parents, officials and spectators alike. Players should be specifically encouraged and positively reinforced by coaches to demonstrate respect for teammates, opponents, officials and spectators.
- + Players should always demonstrate positive behavior and respect toward teammates, opponents, coaches, officials, parents and spectators.
- + Coaches, players, parents and spectators are expected to demonstrate the utmost respect for officials and reinforce that respect to players/teammates. Coaches are also expected to educate their players as to the important role of lacrosse officials and reinforce the ideal of respect for the official to players/teammates.
- + Grievances or misunderstandings between coaches, officials or any other parties involved with the sport should be communicated through the proper channels and procedures, never on or about the field of play in view of spectators or participants.
- + Officials are professionals and are therefore expected to conduct themselves as such and in a manner that demonstrates total impartiality, courtesy and fairness to all parties.
- + Spectators involved with the game must never permit anyone to openly or maliciously criticize, badger, harass or threaten an official, coach, player or opponent.
- + Coaches must be able to demonstrate a solid knowledge of the rules of lacrosse, and should adhere to the rules in both the letter and the spirit of the game.
- + Coaches should provide a basic knowledge of the rules to both players and spectators within his/her program. Attempts to manipulate rules in an effort to take unfair advantage of an opponent, or to teach deliberate unsportsmanlike conduct, is considered unacceptable conduct.
- + Eligibility requirements, at all levels of the game, must be followed. Rules and requirements such as age, previous level of participation, team transfers, etc, have been established to encourage and maximize participation, fair play and to promote safety.

**For more information call: 410.235.6882 x102**

#### To renew, choose one of the following:

Mail to: 113 West University Pkwy • Baltimore, MD 21210-3300  
Fax to: 410.843.0390  
Log on to: [www.uslacrosse.org](http://www.uslacrosse.org)