



FALL 2010 REGISTRATION

PLAYER INFORMATION

Name: _____ Phone: _____

Address: _____

E-Mail: _____ School: _____ Grade: _____

DOB: _____ HEIGHT: _____ WEIGHT: _____

USLacrosse Membership #: _____

(All MEL players must be USLacrosse members, for more info visit uslacrosse.org)

PARENT / GARDIAN INFORMATION (for players under 18)

Name(s): _____

Phone: _____ E-Mail: _____

Interested in a volunteer position or being an official? Y / N

<u>ITEM DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>QTY</u>	<u>TOTAL</u>
High School Boys Lacrosse	\$100	_____	\$ _____
High School Girls Lacrosse	\$80	_____	\$ _____
Middle School Boys Lacrosse	\$80	_____	\$ _____
Middle School Girls Lacrosse	\$50	_____	\$ _____

GRAND TOTAL \$ _____

Missoula Elite Lacrosse Safety and Team Expectations

Safety:

Guidelines have been established to protect players and others from injury and/or illness. The conditioning, proper techniques and safety procedures that are part of each activity will be explained to the players by their coaches, and instructions should be followed by the players. Travel to and from games is under the supervision of the parents. **All players are required to carry primary medical insurance coverage.** The coaches will discuss specific guidelines; however, more general guidelines are as follows:

- Make certain that all equipment fits properly and has no defects. Please show up to the games and practices with the required equipment including an athletic cup.
- Advise your coach or an adult supervisor of any illness or prolonged symptoms.
- Advise your coach immediately if you are injured.
- Be certain to warm up before exercising and cool down afterwards.
- Be alert for any physical hazards on the field and in all areas of participation.

Team Expectations:

Our mission is to teach the fundamentals of lacrosse, team play and sportsmanship. We encourage learning in a supportive environment where individual effort is affirmed and mistakes are recognized as the foundation of mastery. We believe that winning is important, but consider the opportunity to teach life lessons and for everyone to play higher priorities. We teach players to "Honor the Game" by respecting the rules, opponents, officials, teammates and themselves. We expect players to make lacrosse a priority and give their full effort in both practices and games. While not always reflected on the scoreboard, our teams win when they put forth a winning effort and demonstrate improved lacrosse skills, better team play and good sportsmanship. In order to be an effective member of a team you need to be present at practice and games. Your effectiveness on the team and ability to contribute as a player directly reflects your attendance. Your coach expects you to be at practices and games putting forth your best effort. The expectation is 85% attendance and we ask that Lacrosse is your priority in spring.

Parents have a positive influence by being supportive and respectful to all the team players, coaches, and to the game referees. We appreciate your support.

We understand the importance of the safety code and agree with the expectations of playing for Missoula Elite Lacrosse. As a player, I will work to honor the game and I will be certain to communicate with my coach any concerns or issues as they arise.

Player's Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

**Missoula Elite Lacrosse
Medical Authorization, Insurance Info and Hold Harmless Agreement**

Medical Authorization and Insurance Information

I/we, the parents(s)/guardian(s) of _____, hereby give my/our authorization for any emergency medical treatment (EMS, emergency transportation, x-rays or other diagnostic procedures, or hospitalization which may be advised by any physician licensed to practice medicine in any state of the United States or any country outside of the United States in which the accident occurs) of the participant for any injury resulting from any activity of Missoula Elite Lacrosse, including transportation to or from such activity. It is understood that if time and circumstances reasonably permit, the coach(es) or team manager will try, but will not be required, to communicate with the undersigned prior to any such medical treatment or hospitalization.

My child(ren) is/are covered by the following insurance policy:

_____ *Insurance Company* _____ *Subscriber's Name* _____ *Policy & Group #* _____

Parent /Guardian signature _____

Parent /Guardian signature _____

Date _____

Release and Hold Harmless Agreement:

I/we, the parents(s)/guardian(s) of _____, hereby give my/our approval for participation in any and all of the activities of the Missoula Elite Lacrosse (MEL) during the 2009-2010 season. I/we assume all risks and hazards incidental to the conduct of any of the activities, including transportation to and from such activities. I/we do further release, absolve, indemnify and hold harmless Missoula Elite Lacrosse, its organizers, sponsors, directors, and supervisors, any or all of them. In case of injury to my/our child, I/we hereby waive all claims against the organizers, sponsors, directors, or any of the supervisors appointed by them. I/we likewise waive, to the extent not covered by liability insurance, any claim against any persons transporting my/our child to or from activities.

Parent /Guardian signature _____

Parent /Guardian signature _____

Date _____ Emergency Phone #: _____