



PLAYER REGISTRATION FORM – SPRING 2009

Girls in Grades 5 – 8 from Berkeley Heights, New Providence and Mountainside
Registration Deadline: January 5, 2009

Mail to: **Rebels Lacrosse Club**
c/o Berkeley Heights Recreation
56 Columbus Avenue
Berkeley Heights, NJ 07922

Include: Check payable to Rebels Lacrosse Club in the amount of \$145 (same as last season!)

Player's Name: _____ DOB: ____/____/____ Grade: ____ Age: ____

Address: _____ School: _____
Street City

Home Phone: _____ Jersey #: _____ (if player participated in program in 2008)

Parent One: _____ Parent Cell Phone: _____

Parent Email (please print clearly): _____

Parent Two: _____ Parent Cell Phone: _____

Parent Email (please print clearly): _____

Primary Medical Insurance Carrier: _____ Policy # _____

Availability (anticipated conflicts if any): _____

Would like to tryout for the Rebels Development Team (7/8 grade only)? yes no

Would like to participate in weekend tournaments separate from regular season games? yes no

Rebels Lacrosse Waiver: I hereby waive, release, absolve, indemnify and agree to hold harmless the Berkeley Heights Recreation Department and Rebels Lacrosse Club, their directors, instructors, and volunteers from any claim arising out of injury to my child or myself. I also consent to allow medical treatment in case of emergency.

USLacrosse® Waiver:

- 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.
- 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.
- Readiness to Compete:** I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete.
- 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®.
- Code of Conduct:** I agree to all terms on the US Lacrosse®/Positive Coaching Alliance Code of Conduct (see www.USLacrosse.org).

Signature of Parent or Legal Guardian: _____ Date: _____



PROGRAM INFORMATION—SPRING 2009

Mission: No experience is required! The purpose of the program is to introduce newcomers to the fundamentals and basics of lacrosse, at the same time allowing all players to develop stick skills and positional techniques. Sportsmanship and teamwork are emphasized!

Eligibility: Girls in grades 5, 6, 7 and 8 who reside in the towns of Berkeley Heights, Mountainside and New Providence are eligible to participate.

NJJGLL: The Rebels Lacrosse Club participates in the New Jersey Junior Girls Lacrosse League; there is a grade 5/6 division and a grade 7/8 division.

Registration: The deadline to register is January 5, 2009 and includes a fee of \$145; checks should be made payable to the *Rebels Lacrosse Club*. Registration covers the cost of league fees, certified officials and shared equipment such as balls, goals and goalie equipment. If the registration deadline passes, the form will be considered late and will incur late fees of \$25 per player. Help us by turning in completed registration forms before the deadline. Early registration will allow us to determine how many teams and coaches are required per age group before the league scheduling meeting in mid-January.

US Lacrosse®: Registration also *includes* membership to US Lacrosse®, the national governing body of lacrosse (the annual fee is \$25). Benefits of membership in US Lacrosse® include insurance coverage, access to US Lacrosse® programs/events and discounts and a free subscription to *Lacrosse Magazine*. The Rebels Lacrosse Club will apply for US Lacrosse® membership for all Rebels players and coaches.

Equipment: Parents must purchase *at their own expense* eye protection (goggles), a mouth *colored guard*, a regulation girl's or women's lacrosse stick and team uniform. Cleats are strongly recommended but not required. Goggles, mouth guards and lacrosse sticks must be brought to all practices and games! Sneakers should be worn when practice is held on pavement at lower Columbia Park behind Columbia Middle School. Practices are often held on pavement if field conditions are poor. *NOTE: Mouth guards cannot be clear or white!*

Medical Information: Parents are asked to complete a detailed medical information sheet which is included in the registration packet. Copies will be made for all coaches and kept on hand at all practices and games. During the course of the season, please communicate changes to this information to RebelsLacrosse@comcast.net.

Practices: Beginning in March practices will be held on Monday and Wednesday afternoons/evenings as well as Saturday mornings. Practices will be held throughout the regular season unless a game is scheduled. Goggles, mouth guards and lacrosse sticks must be brought to all practices! In addition, Girls should dress in comfortable clothing and in layers and bring water bottles! Sneakers should be worn when practice is held on pavement (practices are often held on pavement if field conditions are poor).

Games: Regular season games begin in mid-April and end in early to mid-June. Games are *expected* to be played on Monday and Wednesday evenings (beginning no earlier than 6pm) and Saturday afternoons. Fields in Berkeley Heights and New Providence (as well as AWAY team locations) are subject to numerous demands. On occasion, make-up games may have to be scheduled on other days of the week. Please be flexible!

Injuries: Players must provide a doctor's note to practice and play in games upon returning from an injury.

Opponents: For the most part our opponents are located in the general vicinity; travel time should not exceed 30 minutes but can vary depending upon evening traffic. Directions will be provided for all AWAY field locations before the season begins. Changes in location will be communicated by email.

Availability: While attendance at practices and game IS important, coaches recognize that young girls have many interests and demands on their time whether it be academic, religious or athletic. *Please indicate on the registration form* any days of the week and times that you *already know* your daughter is not available. If other days come up that you find your daughter is not available, *please communicate that information as soon as possible to* RebelsLacrosse@comcast.net. On game days especially, please be considerate to opponents and teammates and let coaches know if your daughter is not available.

Tournaments: Depending upon interest, the Rebels Lacrosse Club would like to participate in 1 or 2 tournaments. Tournaments will not interfere with regular season games and are normally held on Sundays. Travel time is usually an hour to just over an hour. *Please indicate on the registration form* if your daughter is interested in participating in a tournament.

Communication: *Day to day communication will be done primarily* via email (from RebelsLacrosse@comcast.net) so please print your email address clearly on the registration form. You will be provided with coach's cell numbers which can be used on game days if you are lost or stuck in traffic.

Illness: Please email RebelsLacrosse@comcast.net if your daughter is ill and cannot attend a practice or game, as soon as you know she will not be available.

Development Team: In an effort to provide the more experienced players with an avenue for *more competitive play*, the NJJGLL (New Jersey Junior Girls Lacrosse League) has allowed for the creation of *development teams* that will play against other development teams in the League. The Rebels Development Team will consist of *7th and 8th graders* who have mastered the basic skills of lacrosse. *Please indicate on the registration form* if your daughter is interested in trying out for the development team. *There are no additional practices; games will be played on Friday evenings and Sundays and may be either home or away.*

Spirit Wear: “Spirit Wear” including Rebels Lacrosse Club tee shirts, sweatshirts, sweatpants and warm-ups will be available for purchase. Purchase is optional!



PARENT VOLUNTEERS-SPRING 2009

Player's Name: _____ **Grade:** _____

The Rebels Lacrosse Club would not exist without the volunteer efforts of its parents. Please indicate below your area(s) of interest!

Head Coach yes no **Name (if yes):** _____

Cell: _____ **Email:** _____

All head coaches must attend the Rutgers Safety Clinic if they haven't already done so (details to follow). Coaches should also attend the one or two nearby clinics sponsored by the NJJGLL (New Jersey Junior Girls Lacrosse League). The Rebels Lacrosse Club will reimburse coaches for the cost of attending any required clinic.

Assistant Coach yes no **Name (if yes):** _____

Cell: _____ **Email:** _____

All assistant coaches must attend the Rutgers Safety Clinic if they haven't already done so (details to follow). Coaches should also attend the one or two nearby clinics sponsored by the NJJGLL (New Jersey Junior Girls Lacrosse League). The Rebels Lacrosse Club will reimburse coaches for the cost of attending any required clinic.

Sideline Manager yes no **Name (if yes):** _____

Sideline managers are required on each side of the field by the NJJGLL and US Lacrosse®. The job of the sideline manager is to *gently enforce* good sportsmanship by players, coaches and fans during games. The officials will handle *on-field* sportsmanship issues. You will be called or emailed once the game schedule becomes available.

Run Game Clock yes no **Name (if yes):** _____

A Rebels Lacrosse Club parent is needed to run the game clock at HOME games. You will be called or emailed once the game schedule becomes available.

Photographer yes no **Name (if yes):** _____

Photos and/or videos are a fun way to document the season at the end of the season dinner! Experience is not required!

Basket Raffle yes no **Name (if yes):** _____

The annual end of the season dinner is a great way to end the season and includes a basket raffle for the players. Assistance in putting together baskets is appreciated!



PLAYER'S MEDICAL INFORMATION – SPRING 2009

Head coaches and their assistants will be provided with copies of this form so that the information is available to them during both practices and games.

Parents are encouraged to provide coaches with an *extra* epi-pen, inhaler or anything else that is prescribed for their daughter which would be helpful in the event of an emergency.

Player name: _____ DOB: _____ Home phone: _____

Parent one (cell): _____ Parent two (cell): _____

Emergency contact information:

1. _____
Pediatrician Name Office Phone Address
2. _____
Name Home Phone Cell Phone Relationship to Player
3. _____
Name Home Phone Cell Phone Relationship to Player

Hospital preference: _____

The purpose of the information provided below is to ensure that medical personnel have the necessary details regarding any medical problem which may interfere with or alter treatment.

List any allergies/medical problems including those that require maintenance medication (diabetes, asthma, seizure disorder).

Medical diagnosis	Medication	Dosage	Frequency of Dosage

List any special considerations including visual impairment, recent injuries, etc.

Is Tetanus booster up to date: yes no

In the case of an emergency and if a family physician cannot be reached, I hereby authorized my child to be treated by certified emergency personnel (EMT, First Responder, ER physician).

Primary Medical Insurance Carrier: _____

Policy Number: _____

Name of Parent or Legal Guardian (printed): _____

Signature of parent of legal guardian: _____

Date: _____