

**REGISTRATION
DEADLINE:
MARCH 26, 2021**

Shelburne Parks and Recreation
YOUTH LACROSSE REGISTRATION FORM

**\$10 Late Fee added
after the Registration
Deadline**

PARTICIPANT INFORMATION

FIRST NAME		LAST NAME	
DATE OF BIRTH		GRADE	
GENDER		HOME PHONE	
EMAIL ADDRESS (FOR SCHEDULE UPDATES, ETC.)			
SPECIAL NEEDS / MEDICAL CONDITIONS			

PARENT/ GUARDIAN INFORMATION

1) FIRST NAME		LAST NAME	
HOME PHONE		CELL PHONE	
WORK PHONE		ADDRESS	
2) FIRST NAME		LAST NAME	
HOME PHONE		CELL PHONE	
WORK PHONE		ADDRESS	

VOLUNTEER COACHES NEEDED!

Please list name of parent willing to help:

✓ PLEASE CHECK PROGRAM YOU ARE SIGNING UP FOR: (Make checks payable to: Shelburne Recreation)

KINDERGARTEN	\$40.00 - includes a stick!
CO-ED 1 - 2 nd GRADE	\$40.00 - includes a stick! (or pay \$25.00 if you have a mini-stick from previous year)
GIRLS 3 RD / 4 th GRADE	\$55.00 (Reg. Fee) + \$30.00 (US Lacrosse Membership*) TOTAL = \$85.00
BOYS 3 RD / 4 th GRADE	
GIRLS 5 TH / 6 TH GRADE	
BOYS 5 TH / 6 TH GRADE	
GIRLS 7 TH / 8 TH GRADE	
BOYS 7 TH / 8 TH GRADE	

* The Northern Vermont Boys and Girls Youth Lacrosse League requires that all players be registered **U.S. Lacrosse Members**. This year, Shelburne Recreation will register 3rd-8th Grade participants for the US Lacrosse Membership. The annual fee is \$30.00. This Membership is required to play in League games. If you have your membership number from last year, please provide here: * Membership #: _____ Exp. _____

➡ Please complete the US Lacrosse Member agreement on pg. 2 (reverse side) and sign agreement.

Scholarships are available through the John Scotnicki Scholarship Fund.

- Please inquire at the Recreation office or in the SCS Guidance office if you would like to apply for a scholarship for registration fees and/ or equipment needs.
- Donations accepted to the Scholarship Fund. Please check below if you'd like to add a donation to your registration fee. \$5.00 OR \$ (fill in your donation amount)

I understand that injuries are a possibility as a result of this activity. I agree to hold the Town of Shelburne, Shelburne Parks & Recreation Department or anyone associated with this program harmless for any responsibility or liability from any injuries or property damage which may arise from my/my child's participation in this program. I also understand that my own medical and /or disability insurance will be used in the event of an injury or that I will be directly responsible for any medical costs. I am aware that the Parks & Recreation Department may take photographs of participants at programs, activities or special events. I am aware that the pictures may appear in future promotional materials, including brochures.

Signature of parent / guardian

Date

For office use only:

Program Fee Paid: _____ Sch. Fee paid _____ Balance Due: _____ Check #: _____ Payment Date: _____

Return to: Shelburne Parks and Recreation, PO Box 88, Shelburne, VT 05482

FORM CONTINUED ON REVERSE SIDE



US LACROSSE 2 Loveton Circle, Sparks, MD 21152 | P: 410.235.6882 | F: 410.366.6735

Member ID# (if renewing and known): _____ circle one: Male Female
Name: _____ D.O.B: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Phone: _____
Group/Team Name: _____

STEP 1 - SELECT YOUR MEMBERSHIP CATEGORY (BASED ON YOUR AGE)

- 14 and under\$30
15 - 18\$35
Adult (19+)\$55

STEP 2 - SELECT ALL CATEGORIES WHERE YOU PARTICIPATE:

(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/Boys' Women/Girls'
Youth Youth
High School High School
College College
Post-College Post-College

Primary Team/Program: _____

OFFICIAL (CHECK ALL THAT APPLY)

- Men/Boys' Women/Girls'
Youth Youth
High School High School
College College
Post-College Post-College

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 (NFHS) Women's HS/Youth (NFHS)

Total additional rulebooks purchased at \$8 each: _____

FAN (FOR MEMBERS WHO DO NOT PARTICIPATE AS A PLAYER, COACH OR OFFICIAL - \$55, ADULT ONLY)

CHARITABLE INFORMATION:

Please consider a tax-deductible gift to support the growth of lacrosse nationwide!
US Lacrosse Fund \$ _____

Total Fee (membership cost and contribution)\$ _____

STEP 3 - COMPLETE YOUR PAYMENT INFORMATION

- Check enclosed for \$ _____ (payable to US Lacrosse)
Please charge my credit card \$ _____

Card Number Exp.
Signature

STEP 4 - PLEASE SIGN WAIVER TO THE RIGHT

ENROLLMENT FORM AND MEMBER AGREEMENT

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD THIS WAIVER MUST BE READ AND ACCEPTED BY THE LEGAL GUARDIAN OF THE PARTICIPANT.

By clicking Accept (note: change "clicking Accept" to "signing to accept" on non-electronic version) below, I hereby verify that I have read and fully understand each of the following conditions for participation in any US Lacrosse recognized or sanctioned event, and I accept each of the conditions below, especially the waiver and release set forth in paragraph one. I also verify that I have read and agreed to the terms in the Code of Conduct below.

ACCEPTANCE OF THIS WAIVER IS REQUIRED FOR ACCEPTANCE OF MEMBERSHIP

In consideration of my membership as a Cross Participant, participating in more than one category of Player, Coach, Official, Referee and/or Umpire in US Lacrosse, and my participation in US Lacrosse recognized or sanctioned events, I agree to the following:

1. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that US Lacrosse, the host organization, and sponsors of any US Lacrosse recognized or sanctioned event, along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in any such US Lacrosse recognized or sanctioned event.

2. Medical Attention: I hereby give my consent to US Lacrosse and the host organization of any US Lacrosse recognized or sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in US Lacrosse recognized or sanctioned events. Notwithstanding the foregoing, I understand and agree that neither US Lacrosse nor the host organization has any obligation to provide any such medical/athletic training attention and both the lack of any such medical/athletic training attention and the provision thereof on a voluntary basis by US Lacrosse and/or the host organization is and shall be covered by the release set forth in Paragraph 1 above.

3. Readiness to Compete: I will only participate in those US Lacrosse competitions or activities in which I believe I am physically and psychologically prepared to participate.

4. Photographic Use Release: I grant US Lacrosse the right to photograph and/or videotape me, my member child or ward and further display and use name, face, likeness, voice and appearance as deemed appropriate in all media (known or hereafter) in perpetuity. I understand that all photographs captured of me by US Lacrosse staff and/or their officially contracted event photographers/videographers will forever be the property of US Lacrosse and may be used as deemed appropriate by US Lacrosse to include, but not be limited to: event organization publications, training/educations materials, websites, promotional materials, and/or advertisements.

5. Code of Conduct: I have read and agree to all terms in the Code of Conduct on the second page of this form, especially with regard to my responsibilities as a Player, Coach, Official, Referee and/or Umpire.

6. Membership benefit of insurance is provided only to residents of the U.S. International members are not eligible to receive the insurance coverage.

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: _____

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

VIEW YOUR MEMBERSHIP INFORMATION AT USLACROSSE.ORG/MEMBERSHIP QUESTIONS? CALL 410.235.6882 OR EMAIL MEMBERSHIP@USLACROSSE.ORG