



Derry Girls Lacrosse Player Registration

PO Box 1712, Derry, NH 03038
Email to: DGLCBoard@gmail.com

Adult 1 information

Name:

Address:

E-mail:

Phone:

Cell Phone:

Adult 2 information

Name:

Address:

E-mail:

Phone:

Cell Phone:

Player 1 information

Name:

DOB:

Grade:

Gender:

Comments:

Player 2 information (if applicable)

Name:

DOB:

Grade:

Gender:

Comments:

Player 3 information (if applicable)

Name:

DOB:

Grade:

Gender:

Comments:

Player 4 information (if applicable)

Name:

DOB:

Grade:

Gender:

Comments:

Emergency contact

Name:

Phone:

DGLC BOARD USE ONLY

Check & total:

Winter/spring:

US LAX:

Fundraising:

WAIVER:

I/we realize that for my/our child, or for myself, that participation in the active, physical sport of lacrosse that I/he/she am/is undertaking, can result in injuries during participation. I/we have sought the opinion of my/our child's pediatrician/physician and he/she concurs that the participant is fully capable of safely participating in this activity. I/we understand that it is my/our responsibility in caring for the participant(s) listed above and I/we are confident that he/she is fully capable of engaging in this activity. I/we further agree to hold harmless The SportsZone Corporation, The DGLC and The Town of Derry from any and all legal and financial liability connected with providing facilities for the purpose of participating in athletic and related activities.

I/we, our heirs, executors, administrators and assigns waive, release and forever discharge The SportsZone Corporation, The DGLC and The Town of Derry, its directors, employees, volunteers, any and all related parties from all rights and claims for damages, injury or loss of person or property which may be sustained or occur before/during/or after participation on the premises of the SportsZone whether or not due to negligence. I/we take full responsibility for accidents or injury to, or caused by, my child or myself during, participation, or otherwise, while on The SportsZone premises, and any out door lacrosse facility. I/we hereby certify that I/we have medical insurance to cover injury to my child or myself. In the event of injury or illness, The SportsZone and The DGLC has my permission to seek any emergency medical treatment deemed necessary for me/or my child.

MEDIA RELEASE:

I understand participant likeness and name may be used in marketing material related only to the Derry Girls Lacrosse Club (DGLC) including, but not limited to, DGLC and/or league web site, DGLC and/or league event program guides and newspaper articles about DGLC games and/or other DGLC events.

CODE OF CONDUCT:

I, as a player, coach, parent, spectator, official, pledge to conduct myself in a manner that complies with the US Lacrosse Youth Council "Code of Conduct at all times. Accordingly, I pledge to:

- 1) "Honor the Game"
- 2) Demonstrate respect to other players, coaches, parents, officials and spectators.
- 3) Uphold the essential elements of the USL Youth Council Code of Conduct" which are HONESTY and INTEGRITY.
- 4) Demonstrate and Encourage good sportsmanship and the concepts of fair play
- 5) Focus on fun and participation
- 6) Know and abide by the Rules of Lacrosse, the established guidelines, and all eligibility requirements.
- 7) Understand that the safety and welfare of all concerned is the top priority.
- 8) Support the drug, alcohol and tobacco free environment that is important for all youth sporting events.

Further I pledge NOT to:

- 1) Ever use profanity at a youth event
- 2) Criticize coaches, officials or players
- 3) Touch an opposing player, coach, or game official in a threatening manner.

By signing this document, I agree to abide by and uphold the above stated 'Code of Conduct' and understand that violating this Code whether by commission or omission will be subjected to penalties as stated in the 'Code of Conduct' which had been provided to all NH Youth Lacrosse coaches and officials, and which can be found at <http://www.lacrosse.org/info/codefull.phtml>. This contract and pledge must be signed by any player, parent, coach and official who want to participate in any NH Youth Lacrosse event.

PARENT SIGNATURE: _____

PLAYER SIGNATURE: _____