

2010 NCHS BOYS LACROSSE REGISTRATION FORM

PLAYER NAME: _____ DATE OF BIRTH: _____

SCHOOL YEAR: _____

ADDRESS & ZIP: _____, IL _____

SUBDIVISION: _____

PLAYER EMAIL: _____

PLAYER HOME PHONE #: _____ PLAYER CELL #: _____

Team/Coaches can text message to player's cell ? : Yes No

PARENT / GUARDIAN NAME(S): _____ & _____

MOTHER'S EMAIL: _____

MOTHER'S WORK #: _____ MOTHER'S CELL #: _____

Team/Coaches can text message to mother's cell ? : Yes No

DAD'S EMAIL: _____

DAD'S WORK #: _____ DAD'S CELL #: _____

Team/Coaches can text message to father's cell ? : Yes No

EMERGENCY CONTACT (neighbor or family other than parent)

NAME: _____ PHONE #: _____

MEDICAL INFORMATION

DOCTOR'S NAME: _____

ADDRESS: _____ PHONE #: _____

HOSPITAL: _____

INSURANCE PROVIDER: _____

POLICY #: _____ GROUP #: _____

LIST ALLERGIES AND MEDICAL CONCERNS: _____

(An IHSA physical form, dated AFTER March 1, 2009, MUST be turned into the team's Registrar prior to participating in any Lacrosse practice – NO EXCEPTIONS !!)

PLAYER NAME: _____ GRADE: _____

PLAYER INFORMATION

Are you or your parents able to regularly drive other lacrosse players (carpool) immediately after school from NCHS to Players Indoor and/or Lincoln Jr. High for practices ?

(Circle one) Yes Possibly No

Are you or your parents willing to store another player's equipment in your car during the school day?

(Circle one) Yes Possibly No

Will you or your son need a ride from Naperville Central to Players Indoor practice facility the first 2 weeks in March?

(Circle one) Yes Possibly No

LAST YEAR'S UNIFORM # and SIZE: Not Assigned

Number of Years Playing Lacrosse: _____

Preferred Position (circle one): Attack Midfield Defense Goalie No Preference

Other organized sports and positions played during the last three (3) years:

Year(s)	Sport and positions played
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please complete all information and mail or drop off to:

Carol Abrams 543 E. Hillside Ave. Naperville, IL 60540 630-848-1779

Questions about the lacrosse team (other than registration) can be directed to:

Gary Denklaue (parent board member): 630-637-1712

Shelley Hagloch (parent board President): 630-637-8559

PLAYER NAME: _____ **GRADE:** _____

Naperville Central Lacrosse Team – Release & Waiver Form

Parent/Guardian Name(s) _____ & _____ Phone _____

Emergency Contact Name _____ Phone _____

Player Registration: Consent and Agreement: I hereby consent to the above-named Player registering, trying out for, playing on a team, and participating in other team activities organized or sponsored by Naperville Central Lacrosse Team for 2010. If Player participates on a team organized by Naperville Central Lacrosse Team, I agree to pay all fees and assessments of Naperville Central Lacrosse Team for above-named Player.

Date: _____ **Signature of parent/guardian** _____

Release and Hold Harmless Agreement: I recognize and acknowledge that lacrosse is a sport in which there are risks of serious injury and possibly death of the participants. Being aware of this, and allowing Player to participate in tryouts, evaluations and practices, or to play on a team and participate in other activities organized or sponsored by Naperville Central Lacrosse Team, I hereby release, indemnify, and hold harmless Naperville Central High School and Naperville Central Lacrosse Team (and its sponsors, directors, officers, coaches, managers, members, agents, and volunteers) from any and all claims arising out of any injury to or death of Player or otherwise arising in connection with Player's participation in such tryouts, evaluations, practices, play, and other activities during 2010, even if due to the negligence of Naperville Central High School or Naperville Central Lacrosse Team or its sponsors, directors, officers, coaches, managers, members, agents, or volunteers.

This indemnification and hold harmless extends to and includes any and all attorney's fees and/or other expenses incurred in defending or handling all such claims which may be asserted against Naperville Central High School, Naperville Central Lacrosse Team or its sponsors, directors, officers, coaches, managers, members, agents or volunteers and/or in enforcing the provisions of this Release and Hold Harmless Agreement.

Date: _____ **Signature of parent/guardian** _____

Medical-Surgical Authorization

If Player is injured while participating in such activities and if, after reasonable effort, I have not been reached, I hereby authorize and direct any of the directors, officers, coaches, managers or volunteers of Naperville Central Lacrosse Team or Naperville Central High School to authorize and approve transportation, x-ray examinations, hospital care, medical and/or surgical treatment for Player from licensed medical personnel. I agree to release, indemnify, and hold harmless Naperville Central High School, Naperville Central Lacrosse Team and its sponsors, directors, officers, coaches, managers, members, agents, and volunteers from any and all costs, claims, and liability for damages which may result from action taken pursuant to the above authorization.

This indemnification and hold harmless extends to and includes any and all attorney's fees and/or other expenses incurred in defending or handling all such claims which may be asserted against Naperville Central High School, Naperville Central Lacrosse Team or its sponsors, directors, officers, coaches, managers, members, agents or volunteers and/or in enforcing the provisions of this Medical-Surgical Authorization.

Date: _____ **Signature of parent/guardian** _____

Use of Images and Likeness: In the course of operating and conducting its activities, the Naperville Central Lacrosse Team may take photographs or make audio/visual recordings of the participants, including Player. I hereby consent to and authorize Naperville Central High School and the Naperville Central Lacrosse Team to use such photographs or audio/visual recordings on their websites and also for any promotional or training purposes related to the purposes of the Team.

Date: _____ **Signature of parent/guardian** _____

PLAYER NAME: _____

GRADE: _____

**Redhawks Lacrosse Team
Code of Conduct for the 2010 Season**

- I will be respectful of all players, coaches, opponents, referees, game officials, and fans at all times.
- I will be attentive to and obey all coaches at all times.
- I will arrive at practice and games early enough to be dressed and ready to start at the time specified by my coach.
- I will not swear, taunt, trash talk, or use abusive language on the sidelines, on the field, or at any team function.
- I will not physically or verbally attack any official, player, or coach no matter what the call is. I will let the coaching staff handle all matters pertaining to officiating.
- I understand that fighting and physical contact with intent to injure will not be tolerated.
- There will be no drinking, smoking, chewing of tobacco, or use of illegal substances by any player at any time.
- I will be respectful of all practice and game facilities and all buses.
- I will drive safely and carefully around all practice and game facilities.
- I will abide by all Naperville Central High School, IHSA, and IHSLA rules and regulations and the High School Co-Curricular Participation Code.
- I understand and agree that any player, parent, or guardian who cannot abide by these rules or who violates them will be subject to disciplinary action and possibly to an appearance before the Team's Rules & Ethics Committee.

I have read the above Code of Conduct and agree to adhere to it.

Player and Parent/Guardian must sign prior to participation.

Player _____

Parent / Guardian

PLAYER NAME: _____

GRADE: _____

REDHAWKS LACROSSE
2010 Parent Duties Sheet

Player Name: _____

Parent(s) Name(s): _____ & _____

Home Telephone #: _____

Parent(s) Email Addresses: _____

PARENTS:

1. PLEASE CHECK (“√”) or “X” ALL VOLUNTEER AREAS OF INTEREST

2. ALL FAMILIES WILL BE REQUIRED TO:
 - a. PERFORM GAME TIMING, STATISTICS RECORDING, OR BALL RETRIEVAL FOR AT LEAST TWO GAMES. THESE JOBS WILL BE SCHEDULED WITH THE TEAM’S PARENT COORDINATOR.

<u>Board / Team Jobs (year round)</u>		<u>2010 Season / Game Jobs</u>	
Board Member (to replace 5 retiring members starting in summer)	_____	Field Marking (weekly)	_____
Fundraising Chairperson	_____	Team Coordinator	_____
Ribfest Parking Coordinator	_____	Game Video	_____
Spirit/Team Wear Coordinator (for 2010 season)	_____	Game Articles (for website, newsletter, and newspapers)	_____
Communications: emails, phone messages, website (updating content)	_____	Photographs (game and team photos)	_____
Operations (bus and field scheduling, equipment, and supplies for 2011)	_____	Awards Coordinator (starting in April)	_____
Game scheduling (attend meetings, assist coaches with scheduling games for 2011 season)	_____	Year End Banquet (starting end of April)	_____
Treasurer (starting in summer)	_____		
Registration Committee (for 2011)	_____		

PLAYER NAME: _____ GRADE: _____

2010 LACROSSE UNIFORM / PENNY ORDER

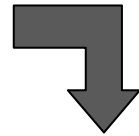
*(For new players to the club OR
existing players who need to replace their reversible penny)*

PLAYER NAME: _____ GRADE: _____

PLAYER HOME #: _____

LAST SEASON'S UNIFORM NUMBER and SIZE: Not Assigned

If you don't already have a uniform assigned or if you need a different size jersey from last season, please select THREE (3) jersey numbers in the size that you need



Most players should be an Adult Large or X-Large

Available jersey numbers

Adult Medium: 18 24 42 48 58 63 67 68 72 82 00

Choice #1 _____

Adult Large: 5 6 40 50 51 62 73 75 89 99

Choice #2 _____

Adult X-Large: 23 53 54 56 59 66 70

Choice #3 _____

Adult XX-Large: 28 33 80 90

SHORTS SIZE (CIRCLE ONE) Medium Large X-Large XX-Large

REVERSIBLE PRACTICE PENNY Large X-Large XX-Large \$ _____
(FREE to first year players to the club – indicate size)
(replacement cost - \$ 21.00 each – indicate size)

TOTAL _____

Replacement penny cost can be combined with registration check

Make check payable to "Naperville Central Boys Lacrosse" Check # _____

Date paid _____

Please complete all information and mail or drop off to:

Carol Abrams 543 E. Hillside Ave. Naperville, IL 60540 630-848-1779

DEADLINE TO ORDER: 02/05/2010

(Team use only) UNIFORM NUMBER ASSIGNED _____ Date _____