



USA Indoor Player



To All Team USA Players:

Please find enclosed important documents that are time sensitive and require your input of information. Please read everything and fill out the appropriate information requested.

We need the Player Acceptance Form and Equipment / Apparel Form filled out and sent back IMMEDIATELY. The rest of the paperwork can be brought with you at the first event.

You may include a copy of your current Physical that you have had with your current team. If you provide a copy, you can disregard Physician Medical Form.

If you have not had a Physical within one (1) year, you must get a Physical ASAP. Please have your physician, use the Physician Medical form.

If there are any questions with any of the forms - please do not hesitate to call or email.

Your immediate attention with this paperwork is greatly appreciated.

Thank you,

USIL / Team USA



CODE of CONDUCT

LACROSSE: Lacrosse is the oldest American sport. Native Americans played lacrosse centuries ago, long before our colonies were settled through lacrosse; Native Americans celebrated and emphasized their spiritual and cultural values. The first purpose of the game is spiritual. It is a medicine game to be played upon request of any individual, clan, nation or the Confederacy itself. Lacrosse is a process that binds communities and nations together. This is the reason that we say it was a gift to our people from the Creator. Lacrosse is a "medicine" game because it promotes the health and strength of the Nation, ensuring a continuance of our tradition and an understanding of our ways. The second purpose of the game is cultural. Competing teams are structured according to the clans of each nation. The game is played upon the request of any individual within the community requiring or desiring its services. There are traditional processes of preparation for the individuals who play. This requires discipline and special instruction. The process includes the understanding and use of traditional medicine gathered from the forests. Accordingly, reverence, respect, responsibility and language are fundamental to the process. It requires cooperation, fair play, discipline, stamina, pride and good health.

In an effort to promote appropriate values in the modern game, US Indoor Lacrosse promotes positive coaching and good sportsmanship at all levels of lacrosse. US Indoor Lacrosse has included the following "Lacrosse Code of Conduct" as part of its application process to encourage and foster appropriate values in players, coaches, parents, officials and spectators. US Indoor Lacrosse believes that it should be a priority of every lacrosse player, team, program and league to "Honor the Game".

US INDOOR LACROSSE CODE OF CONDUCT

Players, coaches, officials, parents and spectators are to conduct themselves in a manner that "Honors the Game" and demonstrates respect to other players, coaches, officials, parents and fans. In becoming a member of the lacrosse community an individual assumes certain obligations and responsibilities to the game of lacrosse and its participants. The essential elements in this "Code of Conduct" are HONESTY and INTEGRITY. Those who conduct themselves in a manner that reflects these elements will bring credit to the sport of lacrosse, themselves, their team and their organization. It is only through such conduct that our sport can continue to earn and maintain a positive image and make its full contribution to Professional and Amateur sports in the United States and around the world. US Indoor Lacrosse supports the following behaviors for those who participate in the sport or are involved in any way with US Indoor Lacrosse. The following essential elements of the "Code of Conduct" must be followed.

- Sportsmanship and teaching the concepts of fair play are essential to the game and must be taught at all levels and developed both at home and on the field during practices and games.
- The value of good sportsmanship, the concepts of fair play, and the skills of the game should always be placed above winning.
- The safety and welfare of the players are of primary importance
- Coaches must always be aware of the tremendous influence they have on their players. They are to strive to be positive role models in dealing with young people, as well as adults.
- Coaches should always demonstrate positive behaviors and reinforce them to players, parents, officials and spectators alike. Players should be specifically encouraged and positively reinforced by coaches to demonstrate respect for teammates, opponents, officials and spectators.
- Players should always demonstrate positive behavior and respect toward teammates, opponents, coaches, officials, parents and spectators.
- Coaches, players, parents and spectators are expected to demonstrate the utmost respect for officials and reinforce that respect to players/ teammates. Coaches are also expected to educate their players as to the important role of lacrosse officials and reinforce the ideal of respect for the official to players / teammates.
- Grievances or misunderstandings between coaches, officials or any other parties involved with the sport should be communicated through the proper channels and procedures, never on or about the field of play in view of spectators or participants
- Officials are professionals and are therefore expected to conduct themselves as such and in a manner that demonstrates total impartiality, courtesy and fairness to all parties.
- Spectators involved with the game must never permit anyone to openly or maliciously criticize, badger, harass or threaten an official coach, player or opponent.
- Coaches must be able to demonstrate a solid knowledge of the rules of lacrosse, and should adhere to the rules in both the letter and the spirit of the game.
- Coaches should provide a basic knowledge of the rules to both players and spectators within his/her program. Attempts to manipulate rules in an effort to take unfair advantage of an opponent or to teach deliberate unsportsmanlike conduct, is considered unacceptable conduct.
- Eligibility requirements, at all levels of the game, must be followed. Rules and requirements such as age, previous level of participation, team transfers, etc. have been established to encourage and maximize participation, fair play and to promote safety.

Print Name: _____

Signature: _____

Date: _____

Parent / Guardian: _____

Date: _____

(If Under 18 Years of age)



US Indoor Lacrosse Team - Policies and Procedures

**Please sign and return this sheet to:
US Indoor Lacrosse - USA Indoor Team**

Thank you for the opportunity to share a wonderful experience with the USA Indoor Team. This letter will assist us in explaining the rules and guidelines of the program. We ask that you please return all paperwork (medical papers & waivers etc..) in an envelope or file folder to the registration table or mail within 5 days of the event date.

If Mailing please submit all forms of the registration to:

USIL Inc.
P.O. Box 12104
Charlotte, NC 28220

Include the back page of this letter with the appropriate signatures. Please feel free to call (704) 777-8745 if you have any questions or concerns.

US Indoor Lacrosse Team & Development Program - Policies and Procedures:

- 1) **Drop-Off:** We ask that parents park in the designated parking spot and walk the players (Under 18) to the Arena / Registration Table. The Player will be checked in and directed / escorted to the appropriate area. Drop-Off for the training is one (1) hour before the training camp start time or a designated time specified by the Coaching staff.
- 2) **Pick-Up:** A parent/guardian or authorized person must sign their Player / Athlete (Under 18) out with a USIL Staff member. For safety reasons, USIL staff will not release any player to an individual not listed on the player's registration. It is our staff policy to ask for a valid photo identification card, such as a driver's license, if someone other than the parent arrives to pick a child up from training. Please park your vehicle in a designated parking spot and turn the motor off before entering the Arena to pick up your Player / Athlete, you are welcome to wait in the Spectator area, refreshments are always available. We ask that you drive conservatively through the parking lot.
- 3) **Late Pick-Up:** As indicated on each player's registration, there is a specific pick-up time. Regardless of the time, this pick-up time is extremely important. If you know that you are running late, please call to notify USIL staff 704.777.8745. If pick-up times are consistently missed, USIL reserves the right to refuse future attendance.
- 4) **Illness:** USIL reserves the right to release a player if he or she appears too ill to participate in the program or is considered contagious. USIL will notify the player's parent/guardian or emergency contact and request that the child is picked up within an hour. If the player has not been picked up within the allotted time frame, USIL reserves the right to take any action necessary to ensure the health and safety of the player and players in attendance.
- 5) **Disease:** USIL must be notified within 24 hours or the next business day after a player or any member of the immediate household has developed any reportable communicable disease as defined by the State Board of Health. Life threatening diseases must be reported immediately.
- 6) **Communicating an Emergency:** In an emergency, USIL will attempt to contact the participant's parent or guardian. If the parent or guardian is unavailable, we will attempt to notify the emergency contacts listed on the player's registration. USIL will take necessary actions in the player's best interests



until the parent, guardian or emergency contact has been reached. If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s)/guardian(s) giving the reason for the objection.

7) **Medicine:** 'Authorization to Give Medication' Form must be completed before USIL will administer medicine to your child during training / exhibition hours. This form authorizes USIL to administer medicine for up to 3 days without a doctor's signature. By law, USIL must dispose of any medicine left for more than fourteen days after the expiration of the authorization. Medicine must be labeled with the child's name, the name of the medication, the dosage amount and the time or times to be given. Medication should be in the original container with the prescription label or direction label attached.

8) **Reporting Child Abuse and Neglect:** USIL is responsible for reporting any and all signs of child abuse or neglect. This report will be completed by the Director and forwarded to Social Services in accordance with state policy.

9) **Acceptable/Unacceptable Behavior:** USIL expects participants to respect others and their space, harmoniously participate in games, cooperate with USIL employees and be enthusiastic. Unacceptable behavior includes profanity, disrespecting others and their space, failure to comply with a staff member's directions, excessive horseplay, inappropriate or violent physical contact (outside of playing the sport of lacrosse) and possession/use of a weapon. USIL will report any incidents of unacceptable behavior to the parents/guardians of all players involved. USIL reserves the right to suspend or expel a player for unacceptable behavior. Please see a USIL staff member for a detailed outline of the USIL discipline policy.

10) **Food / Snacks:** Light Snacks during Breaks will be provided by USIL. For the safety of the player (Allergies), all items brought from home must have the player's name written on them in a very visible manner.

11) **Visiting:** USIL has an open-door policy regarding visits / observing. We strive to foster a player's independence and growth while allowing parents the opportunity to observe the athlete at play. USIL is committed to the safety of the players at our trainings and exhibitions.

12) **Safety Policy:** During any unforeseen crisis, such as natural disaster or similar events, USIL will cease regular activities and gather all participants in a designated area of the Arena being played in. USIL will evacuate the premises if necessary, in which case, players will be escorted / transported to a safe zone, designated by USIL for pick-up. Parents/Guardians will be contacted if Athlete's are to be released early from the program. USIL will notify the proper authorities in the event of any emergency.

13) **Medical Records:** As stated on the Registration Form, updated immunizations shots, medical papers and any special needs must accompany the child's registration. This is extremely important for the safety and health of the player's and staff. All paperwork is due before training (physician signatures must be before exhibition games). USIL will notify the parent/guardian if a child's file is incomplete. Player's will not be permitted to attend the program until all necessary documents have been completed and filed.

14) **What to Bring:** Please send the player with the following: sneakers (cross trainers), socks, lacrosse helmet, rib pads, Flare /bicep pad, stick, shoulder pads, elbow guards, gloves, mouth piece, athletic supporter and cup. Please label all of your player's belongings. USIL is not responsible for lost items and/or money.

15) **Confirmation:** If the player is in the program, USIL will email a confirmation letter to each player/ parent(s) with a copy of their balance and schedule.

16) **Lines of Authority:** The USIL Team is comprised of Coaches and Team Staff Leaders who report to the USIL Director.

17) **Hours:** Varies by event. TBD.



- 18) **Contact Information:** You may contact USIL staff with questions at (704) 777-8745.
- 20) **Payment Deadlines:** All payments and balances are due on or before event dates. A 6% late fee of Balance due will be assessed for balances paid after the due date.
- 21) **Cancellation Policy:** If you cancel, for medical or emergency reasons, a doctor's note must be presented for a full refund.



Name _____

Policies and Procedures & Parent Consent

Signature Page – Please return with all paperwork

Please read the following information very carefully before signing.

As the parent or guardian, I certify that _____ has my permission to participate in the US Indoor Lacrosse Team and US Indoor Lacrosse, LLC., programs during the present year.

I understand that he/she is required to attend the program during the designated time and dates provided.

It is my understanding that he/she will be subject to the rules and regulations of the US Indoor Lacrosse Team, US Indoor Lacrosse and The Arena facilities. I understand that any player found in possession of, or under the influence of, alcohol or illegal drugs will immediately be expelled from the training camp. I also understand that if my child repeatedly disobeys or disrupts daily activities, routines or USIL policies and regulations, he or she may be expelled from the program.

I understand that, if a health emergency arises, I will be notified, but that if I cannot be reached immediately, such medical treatment as deemed necessary by competent medical personnel at the training camp or Hospitals or other appropriate health care facilities are authorized by my signature on this form.

In addition, I understand and give permission that the above-named player.

To:

- a) Be transported in case of emergency to a safe zone if needed, during the USIL program;
- b) Participate in high-energy activities on USIL designated premises;
- c) Take part in all programs facilitated during programs including Lacrosse scrimmaging with like size, age and level of player;
- d) Have ice or coolant packs applied by an USIL staff member if needed.

(Known Adverse reactions to ice / coolant packs):

-
- e) I allow for the player to be photographed participating in this program and for such photos to be used in US Indoor Team, and US Indoor Lacrosse publications that reflect upon the player in a positive manner

I hereby have read and understand the policies and procedures for the US Indoor Lacrosse Junior Team and grant to USIL permission for:

Parent or Guardian:

Signature: _____ Date: _____



USA Indoor Lacrosse Teams
US Indoor Lacrosse
Date: 9.1.2021 - 11.15.2021
Locations:
USA Junior Indoor Lacrosse Team Events - 2021

US Indoor Lacrosse / USA Indoor Team Participant Waiver & Release of Liability

INSTRUCTIONS: 1.) Each player should read the statement below before completing and signing this waiver & release.

AGREEMENT: In consideration of my participation in the sponsored activities of the US Indoor Lacrosse, I acknowledge, agree to and understand that:

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in a Lacrosse activity ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin:

ACKNOWLEDGE, agree, and represent that I understand the nature of lacrosse Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

FULLY UNDERSTAND THAT: (a) Lacrosse & Indoor Lacrosse ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE US Indoor Lacrosse, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINT NAME

Last Name

First Name

DATE OF BIRTH:

STREET ADDRESS:

CITY, STATE & ZIP:

PHONE:

EMAIL:

PARTICIPANT SIGNATURE:

DATE:

PARENT / GUARDIAN SIGNATURE:

DATE:

(If Participant is Under 18 Years of Age)



If Participant is under the age of 18

RELEASE AND WAIVER OF LIABILITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in the US Indoor Lacrosse LLC, US Indoor Lacrosse Team activity ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin:

1. **ACKNOWLEDGE**, agree, and represent that I understand the nature of the sport of Lacrosse Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. **FULLY UNDERSTAND THAT:** (a) Lacrosse activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death ("risks"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "releasees" named below; (c) there may be other risk and social and economic losses either not known to me or not readily foreseeable at this time; and i fully accept and assume all such risks and all responsibility for losses, costs, and damages i incur as a result of my participation or that of the minor in the activity.
3. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** US Indoor Lacrosse LLC. or US Indoor Lacrosse Team, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and i further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement i, or anyone on my behalf, makes a claim against any of the releasees, i will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, fully understand its terms, understand that i have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

MINOR RELEASE - AND I, the minor's parent and/or legal guardian, understand the nature of lacrosse activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. i hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the Negligence of the "releasees" or otherwise, including negligent rescue operation and further agree that if, despite this release, i, the Minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, i will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Printed Name of Parent/Guardian: _____

Address: _____

(City, State & Zip) _____

Phone: _____

PARENT/GUARDIAN SIGNATURE:

X: _____

Date: _____



Name _____

US Indoor Lacrosse Team - Health Information Form

This form must be completed and signed by the player's legal guardian if under 18 years of age. The information we ask you to provide is necessary in the event the player needs medical treatment while training / exhibition is in session. This form will be returned to you if it is incomplete. Please type or print in **black ink**.

PLAYER INFORMATION:

Player's Name _____ Sex _____
Permanent Address _____ Date of Birth _____
City/State/Zip _____ Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to contact first:

Name _____ Relation to Player _____
Daytime Phone _____ Evening Phone _____

INSURANCE POLICY INFORMATION:

Backup contact (relative or friend):

Name _____ Relation to Player _____
Daytime Phone _____ Evening Phone _____

The above-named Player is covered by health insurance: If yes, provide the following information, which is required by Hospitals to expedite treatment and to facilitate the billing process. Yes No

Policy Holder's (P.H.) Name _____ P.H.'s DOB _____
Address _____ Relation to Player _____
City/State/Zip _____ Occupation _____
P.H.'s Employer _____
Employer's Address _____
Insurance Company _____
Insurance Company's Address _____
Policy # _____ Plan # _____

MEDICAL TREATMENT CONSENT:

I, the legal guardian of the above-named Player, authorize the US Indoor Lacrosse / USIL staff to seek medical treatment for the Player as they see necessary at the Local Hospital or another nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the Player's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the camp staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility, which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Camp staff will make a good faith effort to contact the above-named person(s) or me before seeking treatment. If this is not possible, I understand that the Camp staff will notify my designee or me as soon as possible if any and all diagnoses and treatments are made.

Legal Guardian's Signature

Print Name

Date



Name _____

US Indoor Lacrosse Team – Medication Consent Form

Name of Player: _____

Name of Medication: _____

Prescription / Non-Prescription

Dosage: _____

Date(s) Medication to be given: _____

Time(s) Medication to be given: _____

Reasons for Medication: _____

Possible side effects: _____

Name and phone number of prescribing physicians:

Name: _____

Phone: _____

Directions for storage: _____

I, _____ (parent or guardian) give permission to authorized staff member(s) to administer medication to my child as indicated above.

Parent/Guardian Signature

Date

For non-prescription medication:

Physician signature: _____



Name _____

US Indoor Lacrosse Team – Physician Medical Form

Directions: Completion of this form by a parent or guardian and physician is required before a player can enter training or exhibitions. Please answer all questions. Incomplete forms will be returned to you for the missing information. Please type or print in **black ink**. Attach any specific recommendations from your physician to this form.

DOES THE PLAYER CURRENTLY HAVE ANY OF THE FOLLOWING? (if yes, please describe)

Drug Allergies: _____

Food Allergies: _____

Allergies to Insect Bites: _____

Special Dietary needs: _____

Asthma: _____

Frequent Headaches: _____

Dizziness or Seizures: _____

LIST:

Other Health issues: _____

Limitations of Activities: _____

Medications the Player is currently taking: _____

(Please note: Our staff cannot administer any medications, prescription or non-prescription to Players. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains, without prior written consent from the legal guardian. If the Player will need to take medications while attending our program, s/he must bring the medication to camp and have a consent form completed prior to camp.

Will your son/daughter require any specific treatment for a medical/emotional condition while participating in our program? If yes, please explain. Yes No

MEDICAL HISTORY:

IMMUNIZATION DATES: Measles _____ Mumps _____

Rubella _____ Or MMR _____ Last Tetanus _____

(DPT, TT, or TD) Polio Series completes _____

Date of last medical check-up: _____ Reasons for any hospitalization in past 5 years:

PHYSICIAN'S INFORMATION:

(To be completed by physician before Exhibition games) Please **PRINT** the following information:

Physician's Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

I have examined the above-named Player and found him / her to be able to participate in all activities of the USA Lacrosse Championship Camps.

Physician's Signature

Print Name

Date



**US Indoor Lacrosse Team
Emergency Medical Form**

I: Contact / Personal Information

Name: _____ Age: _____ D.O.B. _____

SSN: _____ Home Address: _____

Phone #: (H) _____ (C) _____

Email: _____

AUTHORIZED PERSONS TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Phone: _____ Address: _____

Name: _____ Relationship: _____

Phone: _____ Address: _____

MEDICAL CONTACT INFORMATION AND PERMISSION TO CONTACT IF NEEDED:

PHYSICIAN: _____ PHONE: _____

INSURANCE CO: _____

POLICY#: _____ GROUP #: _____ PHONE: _____

II. Medical Information:

Any present significant illness or injury? _____

Any past significant illness or injury? _____

Any previous operations? _____

List previous concussions, amt, and dates: _____

List any past injuries: _____



Medical Information - continued

Any recent (less 1 year) injuries? _____

Any medications you are using presently or will be using during the events?

Any previous history of fainting, chest pain or Shortness of Breath while exercising?

III. CONSENT FOR PARTICIPATION AND HEALTH CARE

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or USIL to perform a pre-participation examination and to provide treatment for any injury OR condition resulting from participating in the USIL trainings, practice, or competition during the USILDTCalendar year. I further consent to allow said physician(s) or health provider(s) to share appropriate information concerning myself that is relevant to participation in these lacrosse activities with coaches, and appropriate personnel as deemed necessary.

Additionally, I give my consent and approval for my picture and name to be printed in any USIL program, publication or video.

Print Name: _____ Date: _____

Signature: _____ Date: _____

Parent / Guardian: _____ Date: _____

(If Under 18 Years of age)



Player Acceptance Waiver

In consideration of the opportunity to participate for the USA Indoor Lacrosse Team, I understand and agree that I will fully and completely abide by the following responsibilities and obligations:

- Players who are accepted or invited to tryout and train will have to pay a Non-Refundable participation fee. Players are responsible for their own travel costs.
- Players must participate in the training weekends to be eligible for the USA Indoor Team playing in the World Championship.
- Players invited must agree to meet the obligations of the US Indoor Lacrosse Team Program.

If I am chosen to become a member of the USA Indoor Team and Program, I understand and agree to the following terms and conditions while a member of the program for the current program year.

- I agree to act in a manner that is appropriate and consistent with USIL standards. A summary of these standards, are outlined in the USIL Code of Conduct.
- I agree to use/wear the equipment and apparel of the Team's sponsor/supplier at all times when appearing /competing as a member of the team during practices, events, exhibitions and Tournaments.
- I will participate in all scheduled team activities I am asked to participate in, including all competitions, appearances, clinics and exhibitions from the current program year; this may include events associated with other USIL Programs.
- I will assist in fundraising efforts for this team and future USIL National Programs as requested by USIL.
- I understand that not every player on the team will participate in every game or may not have equal playing time.

Print Name:

Date:

Signature / Guardian:

Date:

Please Return - Email: info@usindoorlacrosse.com



Equipment & Apparel Information Form

Name (PRINT): _____
Last First

Height: _____

E-Mail: _____

Weight: _____

Jersey Number Choice:

1st: _____

2nd: _____

3rd: _____

Equipment

(Circle)

Helmet: M L XL

Glove: 12 13 14

Game Apparel

(Circle)

Game Jersey (SIZE): M L XL XXL G

Game Shorts: M L XL XXL

Shooter Shirt: M L XL XXL

Practice Apparel

(Circle)

Practice Shorts: M L XL XXL

T-Shirt: M L XL XXL