

SAINTS LACROSSE CLUB 2009



WHO: Any sixth through eighth grader who is interested in youth lacrosse in the spring. **We are open to new and experienced players.

WHEN: March 24th – late May. We will have a team meeting prior to the season. Details will follow by email.

PRACTICES AND GAMES: Practices are Tuesdays, Thursdays and Fridays for 4 weeks, changing to Tuesday and Thursday for the remainder of the season. Practice will run from 6:00 to 8:00pm at De Smet High School. The game schedule will be posted on the website and distributed. *Similar to last season, the Saints will play their home games with the St. Louis University High School and De Smet Jesuit teams.* While it is definitely not required, many of our players hope to attend either SLUH or De Smet Jesuit for high school.

COST: The cost for the team is \$245.00. USLacrosse membership is required to play, if you are not currently a member, please visit www.lacrosse.org to become one (there is a fee to become a member).

TEAM NUMBERS: We will be able to coach and manage around **26** players. Each year, we have more interested players than we can accommodate, so please sign up soon!!! We are excited that our coaches, Dan Patterson and Josh Mullen, will be back for a fifth year. We are one of the few youth teams to return coaches year to year.

CONTACT INFORMATION (or additional questions):

Please call 314-495-4305

Visit www.saintslacrosse.org

kfoy@desmet.org

Mail a \$245 check payable to Irish Lacrosse and mail to:

Saints Lacrosse Club

3219 Pestalozzi St

St. Louis, MO 63118

Saints Lacrosse Club

Sign Up Form

Check one.

 Returning Player **New Player**

<p>Player Name: _____</p> <p>Date of Birth: _____</p> <p>Mother's Name: _____</p> <p>Father's Name: _____</p> <p>Home Address: _____</p> <p>City, State, Zip: _____</p> <p>Home Phone: _____</p> <p>Email: _____</p> <p>(we will contact mainly through email)</p>
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<p>Emergency Contact Name: _____</p> <p>Emergency Contact Phone: _____</p> <p>Emergency Contact Relationship to Player: _____</p>
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<p>Player's School Name: _____</p> <p>Grade: _____</p> <p>High School Graduation Year: _____</p>

<p>Has player ever participated in lacrosse before? YES NO</p> <p>If yes, how long? _____</p> <p>What position? _____</p>
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Player Name: _____

MEDICAL FORM

ALLERGIES: _____

CURRENT MEDICATIONS: _____

PHYSICAL LIMITATIONS: _____

DATE OF LAST TETANUS SHOT: _____

SIGNIFICANT PAST ILLNESS OR INJURY: _____

COMMENTS, SPECIAL PROBLEMS: _____

PLAYER'S INSURANCE CARRIER AND POLICY NUMBER : _____

Telephone number where family can be reached while player is with Saints

Lacrosse club: _____

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the club director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the player named above.

I CERTIFY THAT _____, IS PHYSICALLY FIT TO ACTIVELY
Player Name
PARTICIPATE IN ALL LACROSSE CLUB ACTIVITIES.

SIGNED _____

SIGNATURE OF PARENT OR GUARDIAN & ADDRESS IF DIFFERENT FROM PLAYER'S ADDRESS.

DATE _____

Player Name: _____

WAIVER AND RELEASE
Please Read Before Signing

In consideration of being allowed to participate in any way in the Saints Lacrosse Club, league-related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES** or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS THE SAINTS LACROSSE CLUB**, their officers, agents and/ or employees, other participants sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (Releases), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Parent or Guardian Signature

Date