



Italiano Lacrosse LLC

This form must be submitted to your LOCAL organization before the athlete participates for Italiano Lacrosse. No other forms are acceptable. Every Player, and/or Parent/Guardian must have a fully completed and signed original of this form before allowing the athlete to participate.

Legal Name of Partic	ipant (mus	t match bir	th certificate	e):			
Last	First		Middle_	Also	known as_		
Address							
City		State		Zip			
Phone No:	Birth	n date	(Gender: _	Male _	Female	
School:		(Grade Level:				
Grade Point Average (must meet Scholastic Fitness Form). Mailing Address if di	Requirement of	2.0/70% or else	ternative For	m Partici	pant:_ ty Form or Hom	ne School Eligibility	
Name of Parent/Guardian Relationship to Athlete:							
Address (if different							
City State Zip							
Telephone No:		Em	ail Address:				
Emergency Contact							
Name	ameRelationship to Athlete						
Home Telephone:			Cell or wor	k			
Italiano Lacrosse Official U	se Only						
Registration Number:			Witnessed By:				
Participant Fees							
Amount Paid \$			_				
Type of Transaction:	Cash	Check	Other (Pleas	e Explain)			
Proof of Age Verified? Yes /	No						
Birth Certificate Division of Play (Circle One)		her (Please Exp	olain)				
Traditional Age-Based Division		ks / U-9 / U-11	/ U-13 / U-15 / U	-17 / U-19 / U	J-21 / Open-Elit	e	

Parental/Guardian Permission and Waiver

Participant Name:

- 1. PERMISSION TO PARTICIPATE: I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in any and all Italiano Lacrosse national, regional, league/conference, association and team/squad activities, including transportation to and from the activities. I give my approval for, and assume any and all risk of my child's use of various playing surfaces and conditions, including, but not limited to, dry and wet natural and artificial grass, hard dirt, and/or mud and I hereby acknowledge and understand that said surfaces may be regular or very irregular.
- 2. INTENT TO INFORM: I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in lacrosse may result in PARALYSIS, BRAIN OR OTHER SERIOUS INJURY, PERMANENT DISABILITY AND/OR DEATH. Further, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I waive, release, absolve, indemnify, and agree to hold harmless the coaches, local, league, regional, and national organization(s),Italiano Lacrosse LLC, and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
- 3. EMERGENCY MEDICAL AUTHORIZATION: I grant permission for emergency medical/dental treatment or first aid to be administered to my child for any illness/injury/accident resulting fromparticipation in any and all Italiano Lacrosse activities.
- 4. EQUIPMENT RESPONSIBILITY: I agree to assume full responsibility for any and all equipment/uniforms loaned to my child and I agree to promptly return, upon request, the uniformand other equipment in good condition except for normal wear and tear. If I fail to comply, I will be responsible for the cost of such equipment.
- 5. INSURANCE DISCLOSURE: I am aware that a US Lacrosse membership provides general liability coverage and secondary accident medical. This insurance is secondary or excess to my insurance which is considered primary insurance. Further, I agree to notify in writing my head coach and local Italiano Lacrosse organization of any medical claim from participation in Italiano Lacrosse as soon as reasonably possible. I understand that the registration fee is not premium for insurance and that deductibles may apply.
- 6. SCHOLASTIC FITNESS: I confirm that my child is scholastically fit or that I have completed the scholastic eligibility form or the Home School Eligibility Form and will adhere to all rules and regulations therein. Further, I authorize my child's school to release grades, report cards, and all other scholastic information to the local Italiano Lacrosse organization in order to comply with scholastic fitness requirements.
- 7. FINANCIAL RESPONSIBILITY: I confirmthat I have been advised by the local Italiano Lacrosse Organization of my rights, if any, to a refund in accordance with the local organization policies, and I have also been advised of my fundraising obligations for the entire season and agree to fully comply with those obligations.
- 8. COMMUNICATIONS, PROMOTIONS, AND CONSENT: As a condition to my child's participation, I consent to receive communications by email and mail from Italiano Lacrosse and its partners. I understand that Italiano Lacrosse does not sell its contact lists. Communications may contain program information or special offers and may be "opted out" by instruction in the email or by written request to the Italiano Lacrosse Office. Further, I hereby grant Italiano Lacrosse the right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness including photograph, films, videos, recordings, or other depictions or images in any form or media throughout the universe in perpetuity for promotion materials, advertising, editorial, trade or other purpose. To the extent that any benefit or may accrue therefrom, I forever waive any interest in or claim to such benefits and acknowledge that Italiano Lacrosse LLC is under no obligation to exercise any rights granted herein. 9. ADULT CODE OF CONDUCT: S1: In order to uphold the goals of Italiano Lacrosse and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of Italiano Lacrosse events, including but not limited to practices, competitions, and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times. S2: Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at an Italiano Lacrosse event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/gestures with an official, coach, volunteer, staff member, participant or other event attendee, must receive a verbal warning and/or be asked to leave the Italiano Lacrosse event. The member organization may also provide a written warning to the individual regarding the misbehavior. The adult's children may also be removed from the event. Any adult who commits one of the above stated offenses a second time, will be banned from any and all Italiano Lacrosse events for a period of one year from the date of the second offense, and their children may also be removed from the program(s) for that time period. S3: Any adult who physically assaults an official, coach, volunteer, staff member or participant or threatens grave bodily harm may be banned from any and all Italiano Lacrosse events for one year from the date of the offense, and their children may also be removed from any and all Italiano Lacrosse programs for that same period

of time. After the ban has expired, if the individual commits another offense of the adult code of conduct, the individual will be permanently banned from any and all Italiano Lacrosse events and the individual's children may also be permanently removed from any and all Italiano Lacrosse programs.

10. ADHERENCE TO ITALIANO LACROSSE RULES AND PROCEDURES: I understand and acknowledge that as a parent/guardian of an Italiano Lacrosse participant it is my responsibility to comply with all rules and regulations of Italiano Lacrosse, or any of its member organizations and understand that non-compliance may be cause for discipline and/or dismissal of the participant, myself, and/or other persons affiliated with the undersigned and the participant. I further understand that the participant must meet Italiano Lacrosse age and/or skill requirements on their official certification date as established by Italiano Lacrosse. I agree to furnish an authentic certified copy of a birth certificate of the participant to local Italiano Lacrosse officials and understand that valid proof of age, a current calendar year's signed medical release, scholastic fitness form and this form must be presented by date of certification in order to participate in Italiano Lacrosse activities. I/We hereby hold Italiano Lacrosse LLC harmless of any financial loss as the result of any disciplinary action.

11. DISPUTE RESOLUTION POLICY SEVERABILITY: I understand and acknowledge that all disputes with Italiano Lacrosse and all affiliated parties will be subject to binding arbitration in Norristown, PA in accordance with Pennsylvania law. I hereby agree that this binding arbitration shall be in lieu of any litigation. I also understand and agree that if I contest any decision or ruling of Italiano Lacrosse and seek other recourse, that I will reimburse Italiano Lacrosse LLC for all legal fees and expenses it reasonably incurs. If any portion of this form shall be deemed unenforceable, the remainder shall remain in full force and effect. RULES & REGULATIONS – In consideration of participation in Italiano Lacrosse activities and by my signature below, I confirm that I have read, fully understand and voluntarily agree to be bound by all of the above and that all information provided by me is true and accurate.

Signature of Parent/Guardian:	Print Full Legal Name:
Signature of Parent/Guardian:	Print Full Legal Name:
Dated:	