



Make checks payable to: Pomfret Recreation Department: 5 Haven Road, Pomfret Center, CT 06259
 (860-974-1423 phone----- (860-974-3950 fax) B.Gagnon@Pomfretct.org e-mail address

POMFRET YOUTH LACROSSE REGISTRATION (formerly Owaneco Lacrosse)

Serving Northeastern Connecticut



Name of Player:		_____ Male	_____ Female
Street Address	Town	Zip code	Grade:
Name of Parent/Guardian		Date of Birth:	
Home Phone #	E-Mail address – <i>very important for communication</i>		

REGISTERING FOR **BOYS:** 2nd – 4th grade (instructional) \$75.00 * ^ **
 5th & 6th grade \$100.00 # * ^ **
 7th & 8th grade \$100.00 # * ^ **

GIRLS: 2ND – 5TH grade \$75.00 * ^ **
 6th - 9th grade – \$75.00 # * ^ **

Will take place based on a min. of 16 registrants (excluding Instructional). We will only offer a 2nd team if we can field 16 more in each division and also three more coaches (parents) per team to assist

* For the 2nd/3rd sibling registered in family - take \$20.00 off the fee

^ Fee includes \$25.00 membership to U.S. Lacrosse to all who register by ++March 20th; jersey for all participants not guaranteed if you register after 3/20/10

** If you are a goalie, your fee will be \$75.00. No 2nd/3rd sibling discount attached to the goalie price

I am registering as a goalie (only two goalies per team allowed (no goalies needed in the bantam group, 1st two registered per division receive the discount)

Please Note: Add \$10.00 to registration fee for any participant who registers after 3/20/10

Absolute last day to register for this program is March 26th – anyone paying between 3/21 and 3/26 will incur a \$10.00 late fee

No registrations will be accepted after 3/26/10

An e-mail with the practice and game schedule will follow as soon as possible after registrations are taken.

BOYS (all grades) will need: stick, helmet, gloves, shoulder pads, elbow pads & mouth guard

GIRLS (all grades) will need: stick, goggles & mouth guard

The *Pomfret Youth Lacrosse equipment package* can be purchased locally at: Danielson Surplus Sales at 151 Main St., Danielson, CT or choose your own equipment which can be found at most large sports equipment stores.

PARENTS/GUARDIANS:

Father's Last Name:	Mother's Last Name
First Name:	First Name:
Home Phone	Home Phone:
Business Phone	Business Phone
Cell Phone:	Cell Phone:

We ask parents to volunteer to help run our programs: where can you help?

We are in dire need of coaching staff the present time, both head coach and assistant coaches.

We may not be able to fulfill more than one team for each age group if we do not receive parent participation this year.

Coach Assistant Coach Referee Scheduling Referees Publicity Team Parent Timer

Consent for Medical Treatment (Minor)

As the parent/legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly-licensed Doctor of Medicine or Doctor of Dentistry. The care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature: _____ Name: _____ Date: _____
 Parent/Legal Guardian (please print)

Please describe any medical concerns, conditions, allergies, etc: _____

RELEASE/AUTHORIZATION

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Pomfret Youth Lacrosse its affiliated organizations and sponsors. Recognizing the possibility of physical injury, up to an including death, associated with lacrosse and in consideration of the Pomfret Youth Lacrosse accepting the registrant for its lacrosse programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Pomfret Youth Lacrosse, its affiliated organizations and sponsors, their employees and associated personnel, including owners of fields and facilities utilized for the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____ Name: _____ Date: _____
 Parent/Legal Guardian (please print)

Registration fees are not refundable unless a doctor's note is provided.



Member ID# (if renewing and known) _____ circle one: **Male** **Female**

Name: _____ D.O.B.: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Email address: _____

* Ensure you get all benefits by maintaining a current email address.

STEP 1 - Select your membership category based on your age

- ___ Youth: 15 and under - not H.S. player\$25
- ___ High School: 18 and under.....\$35
- ___ Adult: Ages 18+.....\$50

STEP 2 - Select all categories where you participate:

(You must identify each category of participation to obtain insurance coverage for that category. There is no additional charge for multiple categories)

PLAYER

COACH (Check all that apply)

- | | |
|---|---|
| Men's | Women's |
| <input type="radio"/> Youth | <input type="radio"/> Youth |
| <input type="radio"/> HS Assistant for JV/Varsity | <input type="radio"/> HS Assistant for JV/Varsity |
| <input type="radio"/> HS JV Head Coach | <input type="radio"/> HS JV Head Coach |
| <input type="radio"/> HS Varsity Head Coach | <input type="radio"/> HS Varsity Head Coach |
| <input type="radio"/> HS Club | <input type="radio"/> HS Club |
| <input type="radio"/> College Club | <input type="radio"/> College Club |
| <input type="radio"/> College Assistant | <input type="radio"/> College Assistant |
| <input type="radio"/> College Varsity Head | <input type="radio"/> College Varsity Head |
| <input type="radio"/> Post-Collegiate Club | <input type="radio"/> Post-Collegiate Club |

*For information on becoming a CEP certified coach please visit: www.uslacrosse.org/cep.

OFFICIAL (Check all that apply)

- | | |
|---------------------------------------|----------------------------------|
| Men/Boys' | Women/Girls' |
| <input type="radio"/> Youth | <input type="radio"/> Youth |
| <input type="radio"/> High School | <input type="radio"/> Apprentice |
| <input type="radio"/> Post-Collegiate | <input type="radio"/> Local |
- If you are a college official or assignor, contact US Lacrosse for the appropriate form.
- If your umpire level is district or higher, contact US Lacrosse for the appropriate form.

Enter your District Number _____ Enter your Local Board _____

(Contact US Lacrosse if you do not know your district or board.)

All official category memberships expire 9/30, regardless of date joined.

Officials and coaches receive one rulebook complimentary and may purchase additional rulebooks at \$8 each. Please indicate number for each type:

- | | |
|---|----------------------------|
| ___ Men's NCAA | ___ Women's NCAA |
| ___ Men's HS/Youth (Federation) | ___ Women's HS/Youth (USL) |
| Total additional rulebooks purchased _____ @ \$8 each _____ | |

___ **FAN** (for members who do not participate as a player, coach or official)

Chapter Information: A portion of your dues will be paid to your local Chapter covering your zip code, unless you indicate a different Chapter here (see website for listing):

Charitable Information: Please consider a tax-deductible gift to support the growth of lacrosse nationwide!
US Lacrosse Fund \$ _____ Your total Fee \$ _____

STEP 3 - Complete your payment information

Payment Information:

- Check Enclosed (payable to US Lacrosse)
- Credit Card Card Number: _____
Expiration Date: _____ / _____
Name on Card (if different than above): _____
Address (if different than above): _____

STEP 4 - Please sign waiver to the right

ENROLLMENT FORM AND MEMBER AGREEMENT

Insurance Information

All categories except "Fan" include comprehensive secondary lacrosse insurance and must sign below. Insurance information, including claim forms, can be found on our website: www.uslacrosse.org.

Signature Required for Acceptance of Membership

In consideration of my membership in US Lacrosse, and my participation in US Lacrosse sanctioned, recognized or sponsored events ("Covered Events"), I agree to the following:

- 1. Waiver and Release:** I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that US Lacrosse, the host organization and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a Covered Event. This Waiver & Release shall also be for the benefit of and run in favor of any youth organization that requires participants to become members of US Lacrosse as a condition to their participation in such organization's youth lacrosse events, which shall constitute Covered Events for purposes of this Waiver & Release, and any such youth lacrosse league shall constitute the host organization for such Covered Events.
- 2. Medical Attention:** I hereby give my consent to US Lacrosse and the host organization of any Covered Event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in Covered Events.
- 3. Readiness to Compete:** I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete.
- 4. Information Certification:** I certify that all information provided by me in this application, including without limitation my membership category, is true, accurate and complete and I understand that any untrue, inaccurate or incomplete statement or information will automatically invalidate my membership and all of the benefits of membership in US Lacrosse.
- 5. Code of Conduct:** I agree to all terms on the reverse side of this form (refers to accepted US Lacrosse/Positive Coaching Alliance Code of Conduct).

Participant Primary Medical Insurance Carrier is:

Policy Number: _____

If participant is under 18, then a parent or legal guardian of this participant must sign.

As member, or as parent or legal guardian of a member under 18, I hereby verify by my signature below that I fully understand and accept each of the above conditions.

Signature: _____

Date: _____

Printed Name of signor: _____

Membership is annual and non-refundable

We suggest you renew online for the fastest and most efficient process:
www.uslacrosse.org.

US LACROSSE

Code of Conduct

US LACROSSE AND THE POSITIVE COACHING ALLIANCE

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.

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

US 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, spectators 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 amateur sports in the United States and around the world. US Lacrosse supports the following behaviors for those who participate in the sport or are involved in any way with US 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.

For more information call: 410.235.6882 x102

To renew, choose one of the following:

Mail to: 113 West University Pkwy • Baltimore, MD 21210-3300

Fax to: 410.843.0390

Log on to: www.uslacrosse.org

Registration Fee Received: \$ _____ Cash Check (check #) _____

DEADLINE TO SIGN UP IS: March 26, 2010

Questions: Call the Pomfret Recreation Department at 860-974-1423

Pomfret Youth Lacrosse (formerly Owaneco)

Pomfret Youth Lacrosse is an instructional clinic/game program. The Program meets two times per week in Pomfret, CT, schedule will be handed out at a later date. The goal is to teach the game of lacrosse to any youth interested in learning and playing one of the most exciting sports played on two feet. We'll teach the fundamental skills and game concepts, as well as, the traditional lacrosse values of team play and respect.

Who is eligible? Open to any boys (grades 2-8 or girls in grades 2- 9 from any town in Connecticut, Rhode Island or Massachusetts.

Where will the clinics/games be played? Either at Pomfret School on Route 169/44 in Pomfret or at the new Pomfret Town Recreation Field on Route 97. What is the fee to register? \$75.00 for the instructional group (Bantams), \$100.00 for all other players. 2nd/3rd siblings receive a \$20.00 discount for any sibling thereafter (excluding goalies). Registration includes a \$25.00 membership fee to US Lacrosse, players will also need to complete a U.S. Lacrosse membership form for insurance purposes. All participants who register by March 20th will receive an PYL jersey

Traveling: Parents, if your child is registered in any division (except Instructional) please expect that you will have to travel for away games. Each team will depend on all its participants to attend all away games.

Equipment: We have made a special arrangement with Danielson Surplus for a starter package and have received favorable pricing when compared with other vendors. Phone # at DS is 860-774-6287 or at danielsonsurplus@hotmail.com When purchasing a helmet, we'd prefer it to be white; however any color will be acceptable this year.

You may register by mail by contacting Barbara Gagnon at the Pomfret Rec. Dept. @ 860-974-1423

Or download the form at The Town of Pomfret website @ www.pomfretct.org (click on Rec. Commission and scroll down)

or at our lacrosse website: www.pomfretyouthlacrosse.com

or you may attend one of the open registrations below.

REGISTRATION DATES:

February 6, 2010	Pomfret Community School Rte 169 & Route 44	10:00 a.m. to 12 Noon
March 20, 2010	Pomfret School Field House Red building across from Pomfret Town Library on Route 169/44	1:00 pm to 3:00 p.m. A Rec. Basketball clinic will be going on at the same time, if you see the table in the foyer but not a person - please go into the field house to find someone.



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