

2023 Player Information & Wavier

Player's Name: _____ Male ___ Female ___ Team: _____
Address: _____ City: _____ State: KY Zip: _____
DOB: ____-____-____ Email Address _____ Players Cell# ____-____-____
Father's Name _____ Email _____ Phone ____-____-____
Mother's Name _____ Email _____ Phone ____-____-____
List Medical Conditions: _____
Emergency Contact: _____ Phone ____-____-____
Doctors Name: _____ Phone ____-____-____
Health Insurance Carrier _____ ID# _____
School: _____ Grade: _____ GPA _____ Home Phone ____-____-____
US Lacrosse Membership # _____ Expires ____-____-____

GENERAL LIABILITY RELEASE AND WAIVER OF CLAIM

IN CONSIDERATION OF the permission granted my child (whom I have identified above) by the A/C Lacrosse Association to participate in its Lacrosse Programs, Activities and Leagues, I HEREBY WAIVE any and all claims or causes of action against the A/C Lacrosse Association, its volunteers, agents, assigns, board members and officers (hereinafter collectively referred to as the "A/C Lacrosse Association") which I and/or my child may have against the A/C Lacrosse Association, and HEREBY RELEASE AND HOLD HARMLESS the A/C Lacrosse Association from any and all claims, demands, cause of action, judgments, and executions which I and/or my child ever had, or now have, or which my or my child's heirs, executors, administrators, or assigns, may have, or claim to have, against the A/C Lacrosse Association for all personal injuries or death, known or unknown, and injuries to property, real or personal, or for any other consequential or incidental damages caused by or arising out of the programs, activities or leagues sponsored and administered by the A/C Lacrosse Association where any such liability is or may be attributable to the alleged negligence (absence of ordinary care) of the A/C Lacrosse Association.

I verify that my child is or will be a US Lacrosse member with an expiration date not earlier than the May 31, 2023. I verify that my child has a current and valid KHSAA Athletic Participation/Physical Examination Form stating my child is physically fit to play Lacrosse without restrictions and will provide a copy to the A/C Lacrosse Association.

I authorize the A/C Lacrosse Association to seek, provide and/or administer medical attention for my child should they be injured and/or have any medical condition warranting such action while in the care of the A/C Lacrosse Association and accept financial liability for any such care.

I, THE UNDERSIGNED, HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, AND AGREE THAT THIS RELEASE AND WAIVER SHALL BE LEGALLY BINDING ON ME, MY CHILD AND OUR HEIRS, BENEFICIARIES, ASSIGNS OR ANY OTHER SUCCESSORS IN INTEREST.

I have executed this release on (date) ____-____-20____

Players Signature _____

Parent/Guardian (Print Name) _____

Parent/Legal Guardians Signature _____

Drug, Vape, and Smoking Policy

Coach Jeff Jett has initiated a 0 tolerance policy for bringing ANY type of non-prescribed drugs, ANY type of vaping device and/or ANY cigarettes onto the field by any player. If ANY of the above listed items or devices are discovered on a player or in his possession, including a players gear bag, it constitutes a violation of the 0 tolerance policy. ANY violation of this policy will result in the following:

1. First offense will result in the immediate suspension of the player from the team for 7 days. Return to the team will only occur after a player and parent meeting with Coach Jeff.
2. Second offense will result in the immediate suspension of the player from the team for 14 days. Return to the team will only occur after the player has submitted to a home or clinic drug test administered by the parents or doctor and the parents have sent a letter to Coach Jeff that the player has passed the test (tested negative.) Test will include marijuana, nicotine, and alcohol. Cost of test to be paid for by player or parent.
3. Third offense will result in the immediate suspension of the player for the remainder of the school year. Player will only be allowed to return to play the next year after completing a drug test administered in a clinic/doctor's office within 5 days of a player meeting with Coach Jeff, followed by a parent/player meeting with the A/C Lacrosse Board.
4. Offenses do not restart with the changing of the seasons or school year. ANY 4th offense or violation of this policy will result in the permanent removal of the player from the team. That player will no longer be eligible to play for any A/C Lacrosse team.
5. Any player that fails a wand test will have his/her parent come to the field to discover the source of the failed wand test unless it can easily be explained. If a players parents are called due to a failed wand test, the player will remain with an A/C staff member until a parent arrives. Refusal to submit to a wand test or stay with A/C staff until a parent arrives is a violation of this policy.

I, _____ have read and understand the above Drug, Vape, and Smoking Policies. I understand that as a player of the A/C Lacrosse team I am choosing to endeavor in an athletic activity and as such violating the above policy would be counterproductive, unhealthy and would embarrass the A/C Lacrosse teams. I understand that Coach Jeff or other members of the A/C Lacrosse staff may search my personal possessions that I choose to bring to the field, to any game and/or lacrosse activity. That staff of the A/C Lacrosse Association may ask me to empty my pockets or even use a metal detector to wand my person. I have read, understand and agree to the above penalties as a condition to be a player of an A/C Lacrosse team.

I, _____ the parent/guardian of _____ a player for the A/C Lacrosse teams have read and understand the above Drug, Vape, and Smoking Policies. I understand that my child is endeavoring in an athletic activity and that violations of these policies would be counterproductive, unhealthy and would embarrass the A/C Lacrosse teams. I hereby give my permission for Coach Jeff or other members of the A/C Lacrosse staff to search my child's personal belongings that he or she chooses to the lacrosse field, any game or lacrosse activity. The A/C Lacrosse staff has my permission to ask my child to empty his pockets, use a metal detector to wand my child for metal (will detect vaping devices hidden in clothing) and/or search any bags/possessions my child brings to the lacrosse field, any lacrosse game and/or activity. I understand that if unexplained metal is detected on my child and my child refuses to verify/show the source of the detection that I will be call and will come quickly to the field to determine for myself (and explain to the A/C staff) what the source of the metal was. I have read, understand and agree to the above penalties as a condition of my child participating on an A/C Lacrosse team.

Date _____

Players Signature _____ Parent Signature _____