

**LAMAR HIGH SCHOOL WOMEN'S LACROSSE CLUB  
APPROVAL OF PARTICIPATION IN ATHLETICS AND  
EMERGENCY MEDICAL AUTHORIZATION  
2020-2021 SEASON**

I hereby certify that \_\_\_\_\_ has my approval to participate on the Lamar High School women's lacrosse club athletic team in any practice session, scrimmage, contest played at home or away from home, or other club-related activities, and travel with the coach or other representative of the club on any trips.

I understand that although the student wears protective equipment, lacrosse is potentially a dangerous sport and the possibility of an accident remains.

I understand and agree that the HISD Board of Education, employees and agents of HISD, Lamar Women's Lacrosse club, and any club representatives, including but not limited to the high school advisor, club coaches, club officers, club volunteers or club parents and employees, and Houston Youth Lacrosse Association ("HYLAX") assume no responsibility of liability for any accident or injury as a result of any aspect of participation in the Lamar High School women's lacrosse club.

I understand and acknowledge that participation in lacrosse, including the travel to / from practices, scrimmages, contests, or other related activities, creates the potential for receiving an injury. With the knowledge of this potential risk of injury, I am giving my daughter permission to participate in the activities of the Lamar High School women's lacrosse club and accept full responsibility for this decision.

If, in the judgment of any representatives of the club, the above student needs immediate care and treatment as a result of any injury or sickness, I do here by request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital or club representative from any claim by any person whomsoever on account of such care and treatment of said student.

I do hereby agree to indemnify and save harmless any school district, the Lamar Women's Lacrosse club, HYLAX, their coaches, officers, volunteers or employees and any school or hospital representative from any claim by any person by reason of such care and treatment for said student.

In consideration of the acceptance of my child (or ward) for entry in the Lamar Women's Lacrosse club, a HYLAX club team and student lacrosse program, I hereby waive any and all claims for damages, for death, personal injury, or property damage that I may have, or that may subsequently accrue to me or my child (or ward), as a result of my child's (ward's) participation in lacrosse. *This release discharges in advance the Lamar Women's Lacrosse club team, Houston Youth Lacrosse, it's members, the coaches, the officials, any involved organizers or related entities (and their respective agents and employees), and Houston Independent School District from and against any and all liability arising out of or connected in any way with my child's (ward's) participation in lacrosse, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.*

If, between this date and the beginning of the competition, and while my child (ward) participates in the sport of lacrosse, any illness or injury should occur that may limit this student's participation, I agree to notify the Lamar Women's Lacrosse club team authorities of such illness or injury. I hereby state that, to the best of my knowledge, the answers to all of the above questions are complete and correct.

(both parents / guardians if possible)

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent/Guardian signature)

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent/Guardian signature)

If the club participant is not a minor, then her signature is required below.  
I have read the statements and releases of liability cited above and agree to them.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Player's signature if not a minor)

**PLEASE ATTACH A COPY (FRONT AND BACK) OF PLAYER'S MEDICAL INSURANCE CARD.**

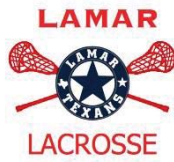
**Release and Indemnity Agreement:**



I request that my child, identified in this registration form, be permitted to participate in the Houston Youth Lacrosse Association (HYLAX). I represent and warrant that (i) I am familiar with the game of lacrosse, (ii) I understand that lacrosse necessarily and inherently involves exposure to severe injury, (iii) I understand that any injury that may occur will not be the responsibility of South Campus Sports Association, Houston Youth Lacrosse Association, St Catherine’s School, their officers, directors, staff, coaches, agents, organizers, volunteers and parents volunteers.

On behalf of my child and myself and for good and valuable consideration, including this writing and my child’s participation in the Houston Youth Lacrosse Activities, the sufficiency of which consideration is acknowledged, I hereby (1) release and forever discharge and (2) agree to defend, indemnify, and hold harmless the South Campus Sports Association, Houston Youth Lacrosse Association, St Catherine’s Montessori School, their officers, directors, staff, coaches, agents, organizers, volunteers and parents volunteers from any and all claims, demands, actions, lawsuits, damages, costs, expenses, attorney’s fees and other liabilities arising from or relating to (I) any injury to my child, or (II) any injury to others or property damage caused by my child, including, but not limited to any claims or damages caused or contributed to by the negligence of any of those above. This release and indemnity agreement shall be binding on me, my child, and, if applicable, my and my child’s heirs, executors, administrators and personal representatives. This release and indemnity agreement shall be governed and construed under the laws of the State of Texas.

_____	_____
Print Player’s Name	US Lacrosse #
_____	
Print Parent’s Name	
_____	_____
Parent Signature	Date



**MEDIA RELEASE FORM**

I hereby grant permission to Lamar Women's Lacrosse to print, photograph, interview, and record my child, \_\_\_\_\_ for use in audio, video, film, or any other electronic digital and printed media. It is my understanding that this photograph/interview or portions thereof will be used for public view.

I agree to participate in this project without financial remuneration, and I understand that this releases Lamar Women's Lacrosse and its representative/photographer/interviewer from any future claims as well as from any liability arising from the use of said photograph/interview.

Name of child \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

## Texas Girls High School Lacrosse League



**Objective:** *To promote sportsmanship, fair play and respect for all members of the Texas Girls High School Lacrosse League.*

### **The Code of Conduct:**

- All Texas Girls High School Lacrosse League (“TGHSLL”) members should play in the spirit of the game.
- All TGHSLL members are to HONOR the game. Each person should respect the rules of the game and treat officials, opponents, teammates and coaches with respect.
- The value of winning shall never be placed above the value of instilling the highest ideals of character.
- The head coach shall act in a courteous manner and also shall endeavor in every way to achieve the same from players, coaches and parents.
- One of the team’s coaches shall be designated the head coach. The head coach is responsible for making all decisions for that team not delegated specifically to the team’s game captain. It is the head coach’s responsibility to see that players and substitutes are equipped properly, both mentally and physically, to play.
- Coaches are responsible for controlling their players, spectators and any other persons associated with their program.
- Abusive, profane or violent behavior or language by coaches, players or fans at any League function will not be tolerated at any TGHSLL event. Behavior in this manner may result in member suspension or expulsion from participation or attendance at any League game or activity. The Conduct Committee(s) shall decide suspension or expulsion.
- No alcoholic beverages or any intoxicating substances or intoxicated individuals are allowed at any League function.
- A player must not conduct him/herself in a rough, dangerous or unsportsmanlike manner. Please see TGHSLL Girls Bylaws for enforcement of unsportsmanlike conduct.

ALL listed below MUST sign and date this and deliver it to your District Vice-President No *Later than TWO weeks prior to the first regular season game*. Failure to do so will result in forfeiture of any regular season games until received by the Vice-President.

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<b>Player Signature</b>	<b>Player Name and Email</b>	<b>Date</b>
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<b>Parent/Guardian Signature</b>	<b>Parent/Guardian Name and Email</b>	<b>Date</b>
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<b>Parent/Guardian Signature</b>	<b>Parent/Guardian Name and Email</b>	<b>Date</b>
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<b>Coach Kristen Marchese Signature</b>	<b>Date</b>
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**Address claimed as legal residential Domicile of guardian(s):**

**Player Name: (PRINT)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State / Zip Code:** \_\_\_\_\_



### **Waiver/Release for Communicable Diseases Including COVID-19**

In consideration of being allowed to participate in a Lamar Women's Lacrosse activity (practice, game, tournament or other event), the undersigned acknowledges, appreciates, certifies and agrees that:

1. My participation includes possible exposure to and illness from infectious diseases, including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness, injury, and death does exist.
2. If I have a pre-existing health condition, exposure to COVID-19, or any other infectious disease may be more likely to cause serious illness, injury, or death;
3. Lamar Women's Lacrosse cannot ensure that all other participants, including coaches and volunteers, are taking precautionary measures to mitigate risks to ensure the health and safety of other participants, coaches, and volunteers, and therefore, participation in a Lamar Women's Lacrosse activity involves risk of exposure to infectious disease; and,
4. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
5. I certify that I have not recently tested positive for, and am not exhibiting symptoms of COVID-19, which include a cough, shortness of breath or difficulty breathing, loss of taste or smell, headache, chills, muscle or body aches and/or sore throat.
6. I certify that I do not have a household family member/roommate who has recently tested positive for or exhibited the above-referenced symptoms of COVID-19.
7. I willingly agree to comply with all recommendations provided by Lamar Women's Lacrosse to ensure safe play. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest coach, staff member or volunteer, or official immediately; and,
8. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Lamar Women's Lacrosse, and their officers, officials, agents, and/or employees, other participants, volunteers, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_