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Sasquatch LAX

NEW PLAYER REGISTRATION FORM 2025

*Return this from to one of the coaches or email a copy of this form to* [*sasquatchlaxx@gmail.com*](mailto:sasquatchlaxx@gmail.com)*.*

PLAYER DETAILS

|  |  |
| --- | --- |
| PLAYER’S FULL NAME: |  |
| PLAYER’S DATE OF BIRTH: |  |
| PLAYER’S ADDRESS: |  |
| PLAYER’S MOBILE (IF APPLICABLE): |  |
| PLAYER’S EMAIL (IF APPLICABLE): |  |
| PLAYER’S US LACROSSE NUMBER |  |
| POSITION(S): CIRCLE ALL THAT APPLY | ATTACK MIDDIE F/O DEFENSE GOALIE |
| JERSEY NUMBER: |  |
| JERSEY SIZE: CIRCLE | S M L XL XXL |
| SHORTS SIZE: CIRCLE | S M L XL |
| T-SHIRT SIZE: CIRCLE | S M L XL XXL |

PARENT/GUARDIAN DETAILS

|  |  |
| --- | --- |
| **PARENT/GUARDIAN #1 NAME:** |  |
| PARENT/GUARDIAN #1 MOBILE: |  |
| PARENT/GUARDIAN #1 EMAIL: |  |
| **PARENT/GUARDIAN #2 NAME:** |  |
| PARENT/GUARDIAN #2 MOBILE: |  |
| PARENT/GUARDIAN #2 EMAIL: |  |

MEDICAL CONDITIONS

|  |  |
| --- | --- |
| Please indicate any medical conditions we should be aware of (e.g. Asthma or any allergies). |  |
| Please provide any details of medication that the player may need to carry/have with them during training or matches. |  |
| Please indicate if the player has any of the following impairments: Hearing, Visual, Cerebral Palsy, Autism, ADHD, Learning  Difficulties, any other Microtropia, stigmatism, lazy eye, squint, etc. |  |

EMERGENCY CONTACTS

In the event that the above cannot be reached, please give two extra emergency contact names and numbers:

|  |  |
| --- | --- |
| FULL NAME: |  |
| RELATIONSHIP TO PLAYER: |  |
| CONTACT TEL NUMBER: |  |

|  |  |
| --- | --- |
| FULL NAME: |  |
| RELATIONSHIP TO PLAYER: |  |
| CONTACT TEL NUMBER: |  |

Sasquatch LAX Guidelines (PLEASE READ)

1. In the event that my son/daughter is injured while playing/travelling to and from lacrosse events and I cannot be contacted at the above number, I give my consent for my child to receive medical attention.
2. I do/do not\* (please circle one) consent to the possible use of my son/daughter’s image being used by the club for its website and/or social media.
3. From time-to-time we may wish to email you with updates and notifications of events linked to Sasquatch LAX. Please indicate whether you do/ do not\* (please circle one) consent to the use of the provided email address for this purpose. Your email address will not be passed to any other third parties.
4. I agree that the above details may be held on a club computer and any medical or other information may be passed to the relevant coaching teams.

Sasquatch LAX Code of Conduct (PLEASE READ)

**Players:** It is important everyone exhibits positive behavior when playing lacrosse. Sasquatch LAX asks every player to agree to the following Code of Conduct. When playing lacrosse, I will:

* Respect the tradition and history of the sport of lacrosse
* Always do my best, even if we’re losing or the other team is stronger
* Play fairly – I won’t cheat, complain or waste time
* Never be disrespectful to my teammates, my coaches, my opponents or their coach, the officials, or spectators.
* Do what the officials tell me and respect their decisions.
* Shake hands with my opponents and the officials at the end of the game.
* Listen to my coaches and respect what he/she says
* Coach my teammates.

**Parent/Guardians:** We all have a responsibility to promote high standards of behavior in the game. Sasquatch LAX supports sportsmanship to ensure lacrosse can be enjoyed by everyone in a safe and positive environment. Play your part and observe Sasquatch LAX Code of Conduct for Parents/Guardians at all times. I will:

* Remain outside the field of play and behind the spectator area when it is designated.
* Never engage in, or tolerate, offensive, insulting or abusive language or behavior.
* Always respect the officials’ decisions.
* Applaud effort and good play as well as success, remembering that children play for fun.
* Let the coaches do their job and not confuse the players.
* Encourage the players to respect the opponents and officials.
* Never criticize a player for making a mistake - mistakes are part of learning.

**Release of Liability**: AGREEMENT: In consideration of my participation in the sponsored activities of the Sasquatch LAX, I acknowledge, agree to and understand that: 1. WAIVER & RELEASE OF LIABILITY: I am fully aware of and appreciate the risks, including the risk of significant injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that Sasquatch LAX, the host organization, and sponsors of any lacrosse event, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event, or as a result of equipment that may have been provided to me for these activities. 2. MEDICAL ATTENTION: I hereby give my consent to Sasquatch LAX and the host organization of any lacrosse related event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and/ or emergency medical services as warranted in the course of my participation in lacrosse events. 3. READINESS TO COMPETE: I will only participate in those lacrosse events for which I believe I he/she is physically and psychologically prepared to compete.

We (Player and Parent/Guardian) agree to be bound by and observe Sasquatch Guidelines, Code of Conduct, Release of Lability, rules, and the regulations of all competitions in which Sasquatch LAX participates.

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| --- | --- | --- | --- |
| PLAYER’S SIGNATURE: |  | | |
| PRINT NAME: |  | DATE: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PARENT/GUARDIAN’S SIGNATURE: |  | | |
| PRINT NAME: |  | DATE: |  |

**Privacy Notice:** Sasquatch LAX takes your privacy very seriously. We take reasonable care to keep your information secure and to prevent any unauthorized access to or use of it.