

2010

Milton High School Lacrosse



Welcome to Spring 2010 registration for the Milton High School Girls Lacrosse!

Attached is our registration package which includes:

- 1) Schedule of fees
(please include with your forms, even though fees are not due until after tryouts)
- 2) Player Registration Form
- 3) Consent, Release & Indemnity Agreement
- 4) Player/Parent Sportsmanship Standards
- 5) Physical Form
- 6) Student's Application for Participation in Interscholastic Athletics
and Verification of Substitute Insurance
- 7) Fulton County Release of Liability Transportation Form

Please complete (PRINT CLEARLY) all information and sign all forms --
some forms require both parent *and* player signatures.

Be sure to include your insurance information that will be in effect for January 2010.

Physicals must be valid for the entire 2010 lacrosse season.

We must have all information, filled out completely and signed by all parties, plus current physical prior to tryouts. If information is incomplete, student will not be allowed to participate in tryouts.

Forms are due by January 15, 2010. Fees will be due after tryouts and team rosters have been posted.



Milton High School Girl's Lacrosse

Schedule of Fees - due after tryouts

Player's Name _____

Registration Fee \$ 250

Player Packs \$ _____

New Varsity Players \$225

Includes: Jacket, bag, shoes, short sleeve t-shirt, long sleeve t-shirt, 2 practice shorts.

Returning Varsity Players \$100

Includes: Shoes, short sleeve t-shirt, long sleeve t-shirt, 2 practice shorts.

JV Players \$90

Includes: Short sleeve t-shirt, long sleeve t-shirt, sweat shirt, 1 practice short.

Spring Break Trip (Varsity only) \$150.00 \$ _____

Fundraiser Goal/Buyout \$ 250

Fundraiser Credit (\$ _____)

This is the difference between the \$250 fundraiser goal/buyout and what the player earned through fundraising activities such as cookie dough sales, fruit sales, etc. If the player chooses not to fundraise, they will not receive a credit and will have to pay the full \$250. Players will earn 40% of cookie sales and 43% of fruit sales.

TOTAL AMOUNT OWED.....\$ _____

Make checks payable to Milton Girls Lacrosse

Refundable Uniform Deposit \$150.00 (separate check please)

For Office Use Only:

Check # _____

_____ Registration Form

_____ Consent, Release & Indemnity Agreement

_____ Player/Parent Sportsmanship Standards

_____ Physical Form / Expiration Date _____

_____ Application for Participation & Verification of Insurance

_____ Transportation Release

_____ Refundable Uniform Deposit (separate check please) / Check # _____
2 sets of uniforms and practice jersey

_____ Uniform returned in good condition



Milton High School Girl's Lacrosse

Player Registration Form – Spring 2010

Please **PRINT** All Information:

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Participant's E-mail: _____

Birth date: _____ Age: _____ Grade: _____

Parent(s)/Guardian: _____

Parent's E-mail (pls. choose 1 address only where you want email to be sent): _____

Address (if different from player): _____

Mom's Work Phone: _____ Dad's Work Phone: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Emergency Contact (other than parent): _____ **Phone:** _____

◆ Forms must be returned by **January 15, 2010** to:

Lisa Romm
177 Triple Crown Ct
Milton, GA 30004

All forms must be completely filled out and turned in or the player **WILL NOT** be able to try out.

(Player's Signature)

(Parent/Guardian Signature)

(Player's Printed Name)

(Parent/Guardian Printed Name)



Milton High School Lacrosse

Consent, Release & Indemnity Agreement – Spring 2010

We, the undersigned, for and in consideration of providing the undersigned Player with the opportunity to participate in Milton High School Lacrosse, do hereby unconditionally release and agree to indemnify and hold harmless Milton High School, the Fulton County School System, the City of Alpharetta, Alpharetta Recreation Department, Fulton County Department of Parks & Recreation, or any person, coach, volunteer or entity employed by or associated with any of them from any and all claims for personal injury, death, property damage or any type of claim or damage (including, but not limited to, attorney's fees and litigation expenses) resulting from or arising out of the undersigned Player's participation in the sport of lacrosse or transportation to and from events with Milton High School Lacrosse for the 2010 Season (January-May, 2010).

We, the undersigned, hereby consent and grant to the coach or volunteers of Milton High School Lacrosse with the express authority and discretion, but not the requirement, to provide any medical or emergency services needed by the undersigned Player during his/her participation in the sport of lacrosse with the undersigned parent being financially responsible for such services.

The undersigned represents the Player is physically and psychologically able and prepared to participate in the sport of lacrosse, and they understand and accept the fact that sports, including lacrosse, involve risk of injury and bodily harm, including paralysis and death, which risks the undersigned voluntarily and knowingly assume.

This _____ day of _____, 20____.

(Player's Signature)

(Parent/Guardian Signature)

(Player's Printed Name)

(Parent/Guardian Printed Name)

Primary Medical Insurance Carrier

Group Plan No. or Policy No.



Milton High School Lacrosse

Player/Parent Sportsmanship Standards – Spring 2010

Milton High School Lacrosse is about having fun and providing our athletes a professional environment to grow as players and young adults. Let's review our **"Milton High School Lacrosse Standards of Character"**.

Expectations of a Coach:

- Every player has the right to have a coach who is supportive and patient, who takes the time to work with the players and allows them to make mistakes
- Every player has the right to be treated with respect and dignity by coaches and other players
- Every player has the right to have a coach who is more concerned with team development and character than winning
- Every coach is to be a positive role model to players, display emotional maturity and be alert to the physical safety of players

Expectations of a Player:

- To conduct themselves in a sportsmanlike manner, on and off the field, and understand the consequences of inappropriate behavior based on rules set forth by the coach and the school
- Players involved in fighting and flagrant fouls can be removed from the game
- Profanity and criticism of game officials, opposing players and coaches will not be tolerated
- Represent your team and school well
- All players will comply with the following: (1) zero tolerance for usage of drugs, alcohol and tobacco products; (2) comply with school academic requirements
- Put forth 100% effort to learn the skills and strategy being taught and condition their bodies to respond to that challenge
- You **MUST** come to practice; missing practice will put you behind. The coaches and your teammates need your commitment every day. Attendance is required at **ALL** games. If you have an excused absence (illness, injury, death in family or religious holiday only), you must let the coach know in advance. Absences for any other reason must be approved by the coach.

Expectations of the Parents:

- Be supportive of your athlete by giving encouragement and showing an interest in their team
- Be a positive role model by displaying good sportsmanship at all times to coaches, officials, opponents and your child's teammates. "Honoring the Game" is an important part of what lacrosse stands for. Help us by honoring the game in your behavior as a spectator
- Let the coach "coach". Use positive reinforcement with your child's coach
- Respect the decisions of the referee or umpire. This is an important part of honoring the game. Our children will pay more attention to how we act than what we say
- Learn the game. A full understanding of the rules will help you enjoy the game
- Get involved!
- Profanity and criticism of game officials, opposing players, and coaches will not be tolerated. You will be asked to leave the facility

We, _____ (player), and _____ (parent/guardian), understand the above and will respect the **Milton High School Lacrosse Standards of Character**.

This, the _____ day of _____, 20_____

(Player name)

(Parent/Guardian name)

(Player Signature)

(Parent/Guardian signature)

Preparticipation Physical Evaluation

HISTORY FORM

Date of Exam _____

Name _____ Sex _____ Age _____ Date of birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal Physician _____

In case of emergency, contact:

Name _____ Relationship _____ Phone(H) _____ Phone(W) _____

**Explain "Yes" answers below.
Circle questions you don't know the answers to.**

- | | | |
|--|--------------------------|--|
| | YES | NO |
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever told you that you have (check all that apply): | | |
| <input type="checkbox"/> High blood pressure | | <input type="checkbox"/> A heart murmur |
| <input type="checkbox"/> High cholesterol | | <input type="checkbox"/> A heart infection |
| 10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|--------------------------|--------------------------|
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, Circle below: | <input type="checkbox"/> | <input type="checkbox"/> |

Head	Neck	Shoul der	Upp er Arm	Forearm	Elbow	Hand/ Fingers	Chest
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot/ Toes

- | | | |
|--|--------------------------|--------------------------|
| 20. Have you ever had a stress fracture? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Has a doctor ever told you that you have asthma or allergies? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |

FEMALES ONLY

- | | | |
|--|--------------------------|--------------------------|
| 47. Have you ever had a menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. How old were you when you had your first menstrual period? _____ | | |
| 49. How many periods have you had in the last 12 months? _____ | | |

Explain "Yes" answers here: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete _____ Signature of Parent/Guardian _____ Date _____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____ (____ / _____, ____ / ____)

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.

+Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain sports: _____ Reason: _____
Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

c 2004 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain sports: _____ Reason: _____
Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

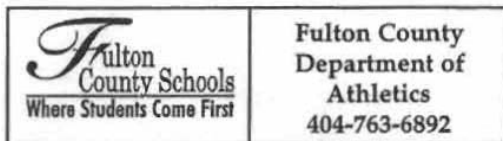
Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

c 2004 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.



**STUDENT'S APPLICATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS
AND VERIFICATION OF SUBSTITUTE INSURANCE**

This form is to be completed by the Parent/Guardian and Student prior to the first practice session. It contains vital information in case of injury or an emergency situation. Coaches are to ensure that this form accompany this athlete to all practices and contests. Please print all information. Parent(s) / Guardian(s) acknowledge that they have read and understand the Student/ Parent / Guardian Handbook for GHSA Sanctioned Interscholastic Activities 2008-2012 when they sign this form. Prior to participation in any conditioning, tryout, practice session, or play in any interscholastic athletic activity, the student-athlete **MUST SUBMIT** this form to the coach of the activity. Failure to submit this form will *delay* the eligibility of the student athlete to join the team. **Warning!** Although participation in supervised interscholastic athletic and activities may be one of the least hazardous in which students will engage in and out of school, by its nature participation in interscholastic athletes includes a risk of injury which may range in severity from minor to long term catastrophic, including permanent paralysis from the neck down to death. Although serious injuries are not common in supervised athletic programs, it is possible only to minimize and not to eliminate the risk. Participants can and have the responsibility to help reduce the risk of injury. Participants must obey all safety rules, report all physical problems to their coaches and the school's athletic trainer, and inspect their equipment daily. By signing this permission form, you acknowledge that you have read and understand this warning. Parents or students who do not wish to accept the risks described in this warning should not sign the permission form.

Date: _____ Sport/Activity: _____

Student Name: _____ Male _____ or Female _____
(Last Name) (First Name) (M)

Address: _____
(# and Street Name) (City) (State) (Zip Code)

Home Tel. #: _____ Emergency Tel. #: _____ Cellular Tel. #: _____

Name(s) of parent(s) /guardian(s) you live with: _____

The student is domiciled at the above address located in the _____ High School District.

Date of Birth: _____ Age: _____ years. Date entered 9th grade: _____
(Month) (Day) (Year)

Your grade level for this school year: 9 10 11 12 Your expected year of Graduation: _____

The application to represent my school in interscholastic activities is entirely voluntary on my part and is made with the understanding that I have studied and understood the Eligibility Standards that I must meet to represent my school and that I have not violated any of these standards. I understand that meeting the citizenship standards set by the school or being ejected from an interscholastic contest because of an unsportsmanlike act, could result in my not being allowed to participate in the next contest or suspension from the team either temporarily or permanently. I understand that if I transfer to another school my eligibility may be affected under the Georgia High School Association's eligibility standards.

Student Signature: _____
(Signature) (School) (Date)

I (We) hereby give our consent for _____ to represent his/her school in interscholastic activities. We have received a Student/Parent Handbook for GHSA Sanctioned Interscholastic Activities. I (We) understand that we are responsible for reading the contents of this publication and that questions related to this publication can be addressed to the Fulton County Athletic Director at 404-763-6892. If I (we), the parent(s)/guardian(s), cannot be reached in the event of a medical emergency, I (we) do give consent for the school to obtain emergency transportation to the physician or hospital of its choice, and such medical care as is reasonably necessary for the welfare of the student. *if* he/she is injured in the course of participation in interscholastic activities.

1. I (We) give consent to participate the approved sports and activities except those that are **CROSSED OUT** below:

- | | | | | | |
|-----------------|------------|--------------|---------------|------------------|------------|
| Baseball | Basketball | Cheerleading | Cross Country | Debate/Forensics | Football |
| Golf | Gymnastics | Lacrosse | Literacy | One-Act Play | Riflery |
| Soccer | Softball | Swimming | Tennis | Track and Field | Volleyball |
| Weight Training | | Wrestling | | | |

Continue to other side

2. I (we) give my consent to accompany any school team of which the student is a member on any of its local or out of town trips.
3. I (we) hereby verify that the information on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.
4. Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) calendar year.
5. Parent(s) / guardian(s) should contact the Head Coach for information regarding injuries to their son/daughter.
6. That this acknowledgement of risk and consent to allow to participate shall remain in effect until revoked in writing.

All parents and guardians must sign and date this form.

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Important: All student athletes must have medical / health insurance in order to participate in the Fulton County Schools GHSA Sanctioned Interscholastic Athletics and Activities Programs. Students must be enrolled in the medical / health insurance coverage that has been approved by the Fulton County School System or enrolled in substitute medical / health insurance through a bona fide insurance provider. Parents(s) / Guardian(s) must verify substitute insurance coverage.

VERIFICATION OF SUBSTITUTE INSURANCE COVERAGE

I (We) have waived the medical / health insurance coverage that has been approved by the Fulton County School System and offered to my child, _____ . Date of Birth: _____

(Name of Child)

The medical / health insurance that I am using for my child for the current school year at is provided by _____ and that insurance policy number is _____.

(Name of Insurance Company)

(Insurance Policy Number)

This insurance policy is in effect from: _____ to _____.

(Date)

(Date)

The above medical / health insurance coverage provides for the following interscholastic activities:

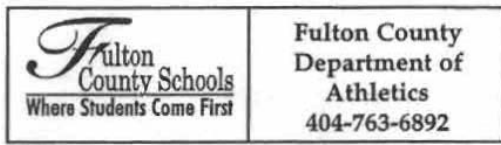
1. _____
2. _____
3. _____
4. _____

I / We certify that the above information is accurate. I/We will submit notification to the school if there are any changes in the above policy.

ALL PARENTS/GUARDIANS/STUDENTS MUST SIGN BELOW AND DATE

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____



Release of Liability for Student-Athletes Being Transported by Parent, Legal Guardian, or Parent/Legal Guardian Designated Driver Between School Sites, Events, Activities During and After the School Day

Effective for School Year (Circle one): **2008-2009** 2009-2010 2010-2011 2011-2012

Parents/Guardians/Students:

If your high school student plans to be driven between school sites, events, activities during and after the school day, please complete and sign the following form, and return it to your coach 24 hours in advance of the event or activity. The designated driver must be family relative over 18 years of age or a parent / legal guardian of another student attending the school.

(Student's Name) _____ has my permission to be driven to and from school sites during the school day and/or to school-related events, activities, or sites after school hours on (date) _____. Either I or my designated driver (name of driver) **ANY PARENT OR COACH** _____ will be transporting the student to and/or from the event or activity. Either I or my designated driver will present himself or herself to the head coach and/or assistant coach after the event or activity has been completed in order to verify the intent to transport the above mentioned student.

I agree to hold Fulton County Board of Education harmless in the event of injury to this student, including any property damage while the student is driving or being driven to or from a school site and/or to school-related events, activities, or sites after school hours in a vehicle other than that provided by Fulton County Board of Education.

In addition, I agree not to assert against the Fulton County Board of Education, all current, former and future members of the School Board of the Fulton County Board of Education, former or future employees of the Fulton County Board of Education, and their heirs, executors, administrators, successors, and assigns, in any court of law, any claim or claims that the student and/or parent or legal guardian had, now have, or may have in the future, whether known or unknown, based on any injuries sustained by the student while being so transported.

I have read the above agreement, and voluntarily sign the release and waiver of liability, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Student Athlete: _____ Date: _____

Signature of Designated Driver: _____ Date: _____

(FOR SCHOOL USE ONLY)

Received by : _____ on _____
(print full name) (print date)

Signature of receiving party: _____