

Shenandoah Valley Youth Lacrosse
“Supporting and supported by our community”
Player Registration Form:



Player Information:

Player’s Name: _____ M F Age: _____ Birth Date: _____
 Address: _____ City/St/Zip: _____
 Phone: _____ E-Mail: _____
 Position: _____ Previous experience: _____ Jersey Size: YS YM YL AS AM AL AXL AXXL
 (Circle One)
Boys or Girls Lacrosse: Age Division U9 U11 U13 U15 U18 *Age as of January 1, 2011*
 (Circle one) (Check one)

Parent/Guardian Information:

Mother: _____ Father: _____
 Home Phone: _____ Home Phone: _____
 Cell Phone: _____ Cell Phone: _____
 E-Mail Address: _____ E-Mail Address: _____

Parents and players, **your help is expected** with our all-volunteer Lacrosse program and is needed for its continuation. Please check one of the boxes below (a \$35 donation is suggested if you can not volunteer)

Coach Assistant Coach Team Management Fund Raising Marketing/Recruiting First Aid
 Administrator SVYL Board Member League and Website Administrators Sponsor a Team Field/Equipment Mngrs

SVYL - League Fees (Fund raising will still be needed to meet all of league expenses)
-\$75 League fee + US Lacrosse Membership fees \$25 for youth and \$35 for Varsity Players

SVYL offers a \$10 sibling discounts – Note US Lacrosse membership is required for all players
-New!! Referral Bonus \$10 per player up to \$20 (only one referral allowed per newly enrolled player)

Registration Dates *Registration ends **March 1st** -Late Registrations Fee \$100 through **March 15th**

1. Pay on-line option. Allows league fees to be paid on-line with a credit card

2. Please remit payment by check or money order to:

Shenandoah Valley Youth Lacrosse 225 Al Smith Circle Berryville, VA 22611

Checks or Money Orders can be **made out to: “SVYL”**

Refund/Cancellation Policy

*SVYL Lacrosse program fees are non-refundable barring extenuating circumstances and approval by the SVYL Board of Directors. Registrations ***must meet enrollment goals*** and ***volunteer position filled*** or any and all parts of the SVYL Programs are ***subject to cancellation***.

Packets can also be **picked up and dropped off** at one of the **2011 SVYL Host Organizations** listed below
Clarke County Parks and Recreation - Winchester Parks and Recreation - Powhatan School - Sportsplex - Shenandoah County Parks and Recreation

Games & Practices: practice & game locations will be determined based on final enrollment
 For additional info, please go to our website at <http://svyl.uslaxteams.com> or email svylax@gmail.com

Shenandoah Valley Youth Lacrosse (SVYL) Release Form for Medical and/or Hospital Treatment

PLEASE PRINT

Player's Name _____

Family Physician _____ **Phone ()** _____

Insurance Company _____ **Insurance #** _____

In case of emergency please contact:

Name _____ **Phone** _____ **Relationship to Player** _____

Name _____ **Phone** _____ **Relationship to Player** _____

Please list any allergies/medical problems, including those requiring maintenance medications.

Known Allergies _____

Epilepsy/Seizures _____

Diabetes _____

Asthma _____ Bee Sting sensitivity _____

Relevant Medical/Surgical History _____

Daily Medication (name of drug and frequency)

Other conditions _____

DECLARATION

I assume responsibility for any medical bills, which may be incurred. I further release SVYL, and/or their representatives, and Host Sites from responsibility for any problems that might arise as a result of medical care and or treatment. I certify that my child is ready to compete and will only participate in SVYL events in which we (parent & child) believe they are physically and psychologically prepared to compete. I also certify that all of my information is correct and if anything changes that I will submit those changes in writing to SVYL

Parent/Guardian Name – Print

Parent/Guardian Signature

Date

Referral Bonus: Are you *new to lacrosse*?

If **yes**, did a current SVYL player refer you? Please list their name below. If **no**, please enter "none".

Boys Equipment Needed:

All U11 – U18 boys are responsible for providing their own men's stick, helmet, shoulder pads, arm pads, gloves, mouthpiece and cleats.

Girls Equipment Needed:

All U11 – U18 girls are responsible for providing their own women's stick, mouthpiece, goggles and cleats. You can contact Instant Replay Sports 540-868-1924 for Lacrosse Rental Options

Office Use Only:

- | | |
|---|--|
| <input type="checkbox"/> SVYL Registration Form Completed | <input type="checkbox"/> Player Info copied for Emergency Book |
| <input type="checkbox"/> US Lacrosse Membership Form Completed | <input type="checkbox"/> Code of Conduct Completed |
| <input type="checkbox"/> SVYL Med Release/Emergency Contact Completed | <input type="checkbox"/> SVYL Fees Collected |

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Shenandoah Valley Youth Lacrosse (SVYL)

Code of Conduct for Board Members, Coaches, Parents, Fans, and Players

YOU MUST READ AND AGREE TO THE CODE OF CONDUCT TO REGISTER

Shenandoah Valley Youth Lacrosse has a zero tolerance policy for unacceptable behavior. A violation of the intent or spirit of the following Code of Conduct is grounds for discipline that may lead to expulsion from participation in the Shenandoah Valley Youth Lacrosse for an individual.

Player Conduct

1. DO demonstrate high ideals, desirable attitudes, proper language, and good sportsmanship both on and off the field;
2. DO act legally, ethically, and in the best interest of the club and its participants;
3. DO maintain self-control at all times accepting adverse decisions without displaying emotion or dissatisfaction with the officials or fighting with opponents;
4. DO demonstrate proper sideline behavior and avoid entering the playing area to engage in unsportsmanlike physical or verbal behavior;
5. DO approach competition as an opportunity to increase your physical, mental, emotional, and social well-being and play the game fairly;
6. DO act with modesty when successful and be gracious in defeat;
7. DO support your teammates in a positive and constructive manner;
8. DO prepare yourself through proper physical conditioning - do not drink alcohol, take illegal drugs, or jeopardize your good health or that of your teammates through illegal conduct;
9. DO refuse to disparage an opponent, an official or others associated with sports activities and discourage gossip and rumors;
10. DO listen to your coaches and treat them with respect;
11. DO be a better person off the field than you are a player on the field

Parent Conduct

1. DO demonstrate high ideals, desirable attitudes, and good sportsmanship that convey a positive example to players;
2. DO act legally, ethically, and in the best interest of the club and its participants;
3. DO treat all coaches, players, other parents, and board members with courtesy and respect;
4. DO maintain self-control at all times accepting adverse decisions without unsportsmanlike displays of emotion or of dissatisfaction with the officials;
5. DO emphasize the importance of proper sideline behavior and avoid entering the playing area to engage in unsportsmanlike physical or verbal behavior;
6. DO act with modesty when successful and be gracious in defeat;
7. DO support all players and coaches through your positive and respectful conduct;
8. DO teach athletes that it is better to lose fairly than to win unfairly;
9. DO refuse to disparage an opponent, an official or others associated with sports activities and discourage gossip and rumors;
10. DO help the coaches by being on time at the beginning and end of practice, encouraging your child to do their best, being positive, and respecting practice and game time as the time for coaches to work with their players.

Player Name: _____ Date: _____

Players Signature: _____ Date: _____

Parent Name: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

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