**2022 WEST SIDE BOYS LAX REGISTRATION**

Players: Please fill out the information below:

Parents: Please fill out waivers and contracts

**Please write neatly so all info is recorded correctly**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to follow all rules and regulations set by the coaching staff of WEST SIDE LACROSSE. I will conduct myself in an honorable manner as a member of this team and a representative of West Michigan Lacrosse. I will treat all people I encounter while I am a member of West Side with **Class & Respect**. That includes, but is not limited to, opposing players, parents, coaches and officials. I also agree to attend all practices, tournaments and team functions within my power. I will not engage in inappropriate behavior of any sort while participating in any team function, on the way to or from said team functions, or while staying at a hotel with the team. I am aware that failing to meet the requirements of team policies can result in losing play time and possibly my spot on this team without refund.

**U-8\_\_\_U-10\_\_\_2029\_\_\_2028\_\_\_2027\_\_\_ 2026\_\_\_2025\_\_\_2024\_\_\_2023\_\_\_\_**

**Position: Att\_\_\_\_\_ Mid\_\_\_\_\_ Def/LSM\_\_\_\_\_ Goal\_\_\_\_\_**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Height \_\_\_\_\_\_\_\_\_\_\_\_\_Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jersey Number (List 3):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apparel Sizes/T-Shirt: \_\_\_\_\_\_ Shorts: \_\_\_\_\_\_

School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_ Grad Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail in forms with **FULL PAYMENT**

or **$250.00** deposit to:

**WEST SIDE LAX LLC**

**125 West 29th**

**Holland MI 49423**

If you have any questions or concerns contact

Coach Greer 616-834-2823

[westsidelax@hotmail.com](mailto:westsidelax@hotmail.com) or go to [www.westsidemilax.com](http://www.westsidemilax.com)

**West Side Info and Waiver Form**

I hereby allow my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to participate in all team functions (games, tournaments, practices, or other required) for the West Side Travel Lacrosse Program. I also agree to conduct myself accordingly at all games and/or events I attend. I will not disrespect opposing players, coaches, parents or officials in any manner and will set an example of sportsmanship for my son to follow. I understand that failure to do so may result in expulsion from team functions and could potentially embarrass my son scarring him for life. I will not be “that person.”

Parent/ Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The under signer, and the undersigned’s heir executors and administrators, hereby waive and forever release and discharge the West Side LLC coaching staff, for personal property damage or physical injury which may be sustained or which occurs during participation in activities, or that may occur to or from the games and or tournaments, whether or not such injuries or property damage or loss in caused by, is connected to, or arises out of, any acts or omissions of the West Side staff, and coaches.

Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Treatment Authorization** I authorize medical treatment and care for my son,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as may be deemed necessary.  I understand that the consent and authorization granted herein does not include surgical procedures and are valid only during the time that my son is in attendance.  I know that it is my responsibility to tell the coaching staff if my son has any physical condition or requires any treatment or medication that a clinician should be aware of (allergies, disabilities, medical condition, etc.) and I must provide this in written notification at the time of registration.  I understand that every reasonable attempt will be made to contact me in case of an emergency.  However, in the event of an emergency and if I cannot be reached, I give my consent for my son to receive the proper treatment and/or medical services needed to perform any necessary emergency procedures.

Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID# or Contract # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group or Plan # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or Health Concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19**

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT In consideration of being allowed to participate on behalf of WEST SIDE LACROSSE LLC athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. 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 and death does exist; and,
2. 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,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and 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 official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS West Side Lacrosse LLC, their officers, officials, agents, and/or employees, other participants, 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, 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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**West Side Payment Page**

**Please fill out sheet carefully and return with payment, registration and waivers**

**U-10 $900.00\_\_\_ U-12 $1000.00\_\_\_U-14 $1,100.00\_\_\_HIGH SCHOOL $1,200.00\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Check tournaments you **WILL** be attending

* **West Side Warm Up, Holland June 11/12**
* **Bar Down, Kalamazoo June 18/19** 
  + **-$75 if not attending**
* **The Grail, Rockford IL June 25/26**
  + **-$100 if not attending**
* **Pipe City, Vernon Hills IL July 9/10**
  + **-$125 if not attending**
* **Summer Showdown, St Joseph July 16/17**
  + **-$75 if not attending**

**West Side Family Discount:** We have a **$50.00/player** discount for families who have multiple players in the program.

**Names of players: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $50 discount\_\_\_\_\_**

**Payment Policies**

A **$250.00\_\_\_\_\_ deposit is due immediately** with registration paperwork to hold your spot**. Deposits are nonrefundable.**

**Early registration ends March 1st. Dues will increase $50.00 if not paid in full by March 1st, 2022.**

Payment plans and scholarships are available but limited. Contact Coach Greer directly to discuss.

West Side Lacrosse accepts checks (West Side Lacrosse LLC), cash and VENMO (@Murle-Greer) for payment.

* ***Contact Coach Greer for cash discount if interested.***

Uniforms will be passed out **the first week of June**. Players who have not passed in registration and paid in full will not get their uniforms and apparel, or be allowed to play in games or tournaments.

* We will have a uniform fitting in February to collect sizes and jersey numbers

**Refunds will only be given with documented notice from a doctor due to physical injury, on a prorated basis. No refunds due to covid-19 related absences.**

I have read and understand the payment policies. I hereby agree to pay the amount agreed upon for my son’s participation with West Side Lacrosse and understand that failure to do so will result in his removal from games and potentially from the program. I understand that in order to receive the proper apparel and stay informed, I must pass in the required paperwork and payments and failure to do so will result in nonparticipation.

Parents Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Owed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

Amount Owed:\_\_\_\_\_\_\_\_ Amount Paid: \_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_ PMT:\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_