**2021 WEST SIDE WINTER**

**BOX LACROSSE LEAGUES**

**WINTER LEAGUE- $150.00**

**\_\_\_\_\_MUSKEGON \_\_\_\_\_HOLLAND**

**@ Shoreline Soccer @ The Soccer Stop**

**Mondays & Wednesdays Tuesdays & Thursdays**

**Nov 9, 11, 16, 18, 23, 30, Dec 2, 7, 9, 14 Nov 10, 12, 17, 19, 24, Dec 1, 3, 8, 10, 15**

**\_\_\_\_\_6th, 7th 8th Grade 4:00-5:00 \_\_\_\_\_6th, 7th 8th Grade 4:00-5:00
\_\_\_\_\_3rd, 4th 5th  Grade 5:00-6:00 \_\_\_\_\_ High School 5:00-6:00**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_**

**SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRADE:\_\_\_\_\_\_\_\_\_\_**

**PARENTS NAMES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mom EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dad EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cash or check.** Please make Checks out to **West Side Lax** and mail them in with this **form and the waivers**.

**WEST SIDE LAX**

**125 West 29th ST**

**Holland MI 49423**

You can also register online and pay by **VENMO (@Murle-Greer)**

Returned checks will incur a $30 return fee. Refunds will only be given in case of documented medical emergencies.

**League jerseys only! (provided)**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(required if player is under 18 years old)**

**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.”

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.

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 AGREEMENTIn 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_