Mountain View Lacrosse

Player Registration Packet
Mountain View Lacrosse
ATHLETIC PARTICIPATION FORM

Athlete's Name

Athlete's Email

Athlete's Cell: ______________________
Address: __________________________
City: _____________________________ State: ___________ D.O.B.: ____________

Grade & School

US Lacrosse# ________________________
Expire Date ________________________

Printed Parent/Guardian Name #1
Email address: ______________________
Cell#: ____________________ Work#: ___________ Home#: ___________

Relationship

Printed Parent/Guardian Name #2
Email address: ______________________
Cell#: ____________________ Work#: ___________ Home #: ___________

Relationship

Emergency Contact:
Name: ____________________________ Cell#: ____________ Work#: __________

Alternate Emergency Contact:
Name: ____________________________ Cell#: ____________ Work#: __________

Emergency Health Care Information:
Physician: _______________________ Clinic: _____________________ Ph#: __________
Primary Medical Insurance: ______________ Policy#: ______________
Subscriber: ______________________ Group/Plan#: ______________
ATHLETIC PARTICIPATION FORM  Continued.....

My student athlete has permission to participate for Mountain View Lacrosse and to attend activities related to this sport. While it is expected that reasonable precautions to avoid injury will be exercised by the coaches and staff, I acknowledge that neither the club nor the coach are liable in any way should injury occur. I also acknowledge that each athlete is to be covered by medical insurance at all times provided by the parent/guardian while participating in Columbia River Lacrosse. If, for any reason, our child is not covered by medical insurance, we assume sole and full responsibility for all medical bills associated with any injury incurred as a result of their participation in Mountain View Lacrosse.

PARENT CONSENT FOR TREATMENT

By signing below, I authorize emergency medical care and treatment for my athlete in the event I am not present or otherwise able to personally consent to care. I understand that every effort will be made to contact me or the persons listed as emergency contacts to explain the nature of the problem prior to any treatment. In the event our family physician is not available to provide medical care or consultation, I authorize treatment by an alternate physician(s) who is then able to render necessary care. I will assume complete financial responsibility for any and all emergency treatment and care provided for my student athlete. I hereby release Mountain View Lacrosse, its coaches, representatives, and assigns from any and all liability that may arise and/or is related to emergency medical treatment provided for my athlete.

TRAVEL CONSENT AND RELEASE

Mountain View Lacrosse relies on parents/players for transportation to and from athletic events that occur during the season.

By signing this release, I authorize my athlete: ____________________________ to travel in a private automobile to and/or from events and practices.

In the absence of this signed release, I acknowledge that I will be solely responsible for transporting my child to and from these activities.

I further acknowledge that Mountain View Lacrosse, its coaches or agents, has no responsibility to supervise the transportation of my athlete or to exercise supervision and control over my child when not in attendance at the designated activity.

PARENT TRAVEL RELEASE

My child can ride with:

___Any Mountain View Lacrosse Parent

___OR

___only drivers listed below

Drivers Name: _______________________________________________ Drivers Name: _______________________________________________

My signature below signifies that I have read the contents and agree to the following release statements and will cooperate with Mountain View Lacrosse rules and attitudes:

ATHLETIC PARTICIPATION FORM

PARENT CONSENT FOR TREATMENT FORM

TRAVEL CONSENT AND RELEASE

MOUNTAIN VIEW LACROSSE CONCUSSION & SCA INFORMATION

Parent/Guardian #1 (printed name): ____________________________________________ Date: __________

Parent/Guardian #1 Signature: ____________________________________________ Date: __________

Parent/Guardian #2 (printed name): ____________________________________________ Date: __________

Parent/Guardian #2 Signature: ____________________________________________ Date: __________

Athlete/Student (printed name): ____________________________________________ Date: __________

Athlete's Signature: ____________________________________________ Date: __________

Mountain View Lacrosse
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Sports Physical Form  
To Be Completed By Physician

This Physical Good For Two Years  

Date: ________________

Athlete's Name: ___________________________  D.O.B _______  Grad. Yr. _______
Address: _________________________________
City: ___________________________  ZIP ____________
Age: _______  Ht: _______  Wt: _______  BP: _______________  Sex: M  F

PHYSICAL EXAM:  Satisfactory  Unsatisfactory  Comment

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Any significant illness or injury:

I have examined this student athlete today and authorize him/her to engage in strenuous physical activity with the Mountain View Lacrosse Program. There are no restrictions to this athlete's participation at this time.

Physician's Signature: ___________________________  Exam Date: ________________

Printed Name: ___________________________

Office Phone Number: ___________________________

Mountain View Lacrosse
CONCUSSION/HEAD INJURY AND SUDDEN CARDIAC ARREST

ACKNOWLEDGEMENT

The purpose of the Acknowledgement form is to confirm that you have read and understand the information provided to you by the WHSBLA related to potential Concussion/Head Injury and Sudden Cardiac Arrest (SCA) occurring during participation in athletic programs.

I, _________________________ as a student at ________________________, and I as the parent / legal guardian of ________________________________, have read and understand the information material provided to us related to Concussion / Head Injury and Sudden Cardiac Arrest (SCA) during participation in athletic programs and understand its contents and warnings.

________________________________________                    _______________________
Signature of Student / Athlete                             Date

________________________________________________________    _______________________
Signature of Parent / Legal Guardian                        Date

______ (Initial) We were provided a copy of the Information Sheet for Parents/Legal Guardians and Athletes: Concussion/Head Injury and Sudden Cardiac Arrest (SCA).
A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment
Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete’s safety.

If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”
“...may not return to play until the athlete is evaluated by a licensed heath care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

**RETURN TO PARTICIPATION PROTOCOL:**

If you child has been diagnosed with a concussion they MUST follow a progressive return to participation protocol (under the supervision of an approved health care provider) before full participation is authorized.

The return to play protocol may not begin until the participant is no longer showing signs or symptoms of concussion. Once symptom free, the athlete may begin a progressive return to play. This progression begins with light aerobic exercise only to increase the heart rate (5-10 minutes of light jog or exercise bike) and progresses each day as long as the child remains symptom free. If at any time symptoms return, the athlete is removed from participation.
WHAT’S IN A CONCUSSION MANAGEMENT PLAN?

Concussions are among the five most frequent injuries for both boys and girls lacrosse players. Teams, leagues, and clubs should have a documented plan, reviewed and updated annually, to deal with these injuries.

**WHAT'S IN A CONCUSSION MANAGEMENT PLAN?**

Concussions are among the five most frequent injuries for both boys and girls lacrosse players. Teams, leagues, and clubs should have a documented plan, reviewed and updated annually, to deal with these injuries.

A graduated return to activity should be used after getting clearance from a qualified healthcare professional. Support from school for classes, exams, and schoolwork is important. The return-to-play and return-to-school progression has seven steps:

1. **REST**
   - Return to school and/or daily non-athletic activities

2. **RETURN TO SCHOOL AND NON-ATHLETIC ACTIVITIES**
   - Controlled full contact activity/scrimmage

3. **BEGIN AEROBIC EXERCISE**
   - Non-contact drills/line drills

4. **SPORT SPECIFIC TRAINING/CATCHING AND THROWING**
   - Full return to play and game competition

5. **WHO NEEDS EDUCATION?**
   - Parents
   - Athletes
   - Coaches

6. **WHAT SHOULD THE PLAN INCLUDE?**
   - Education
   - Signs & symptoms for removal from play
   - Return to school & return to play

7. **FACT:** Boys have a 50% greater risk of concussion than girls.

8. **10 SIGNS OF CONCUSSION AS OBSERVED BY OTHERS**
   - Appears dazed or stunned
   - Confused about assignment or position
   - Forgets an instruction
   - Unsure of game, score or opponent
   - Moves clumsily
   - Answers questions slowly
   - Loses consciousness (even briefly)
   - Shows mood, behavior or personality changes
   - Can’t recall events prior to hit or fall
   - Can’t recall events after hit or fall

9. **10 SYMPTOMS OF CONCUSSION REPORTED BY ATHLETE**
   - Headache or pressure in head
   - Nausea or vomiting
   - Balance problems or dizziness
   - Double or blurry vision
   - Sensitivity to light or noise
   - Feeling sluggish, hazy, foggy or groggy
   - Concentration or memory problems
   - Confusion
   - Does not “feel right”
   - Is “feeling down”

10. **RETURN TO SCHOOL & RETURN TO PLAY**
    - A graduated return to activity should be used after getting clearance from a qualified healthcare professional. Support from school for classes, exams, and schoolwork is important. The return-to-play and return-to-school progression has seven steps:

US LACROSSE’S GUIDELINES FOR A CONCUSSION MANAGEMENT PLAN ARE AVAILABLE ONLINE AT USLACROSSE.ORG/CONCUSSIONAWARENESS
What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports.

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called “commotio cordis”).

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!
Mountain View Lacrosse  
**Code of Conduct**  
**Player - Parent Agreement**

Representing our schools and community as a member of the Mountain View Lacrosse Team is a privilege that student athletes, parents and coaches must accept. It is understood that these representatives and the behavior they demonstrate will be regarded as the standard for our schools. The image for Mountain View Lacrosse is of a positive nature, and one that will enhance the image of student athletes and the schools they represent both inside and outside our community. This behavior and attitude is expected in the classroom and general school area, as well as on the sporting field.

This “Code of Conduct / Agreement” shall act as the guide by which all team representatives will conduct themselves in any capacity or endeavor. The code contained herein covers the areas of personal behavior, attitude, courtesy, appearance, academics, sportsmanship, and commitment to the program. All Players, Parents and Coaches are expected to “Honor the Game” as set forth by guidelines from US Lacrosse and Washington High School Boys Lacrosse Association.

Each coach, team member and parent is expected to thoroughly review this “conduct code / agreement” and sign and return a copy to the Mountain View Lacrosse Board before the season begins, and should keep a copy at hand, in order to refer to it if necessary.

### A. GENERAL BEHAVIOR (Includes Board Members, Coaches, Players & Parents)

**a. Language:** The use of profane or improper language is not acceptable. Extreme verbal outbursts show a lack of self-control and immaturity; these reflect on the team as well as the individual.

**b. Attitude:** There is an expectation that all athletes be courteous, mature, cooperative and respectful at all times. Individuals should conduct themselves with the knowledge that they, alone, are responsible for their own actions.

**c. Sportsmanship and Fair Play:** In all practice and game situations, athletes are expected to perform to the best of their ability, within the context of specific rules of their sport. Sportsmanship and fair play to teammates, opponents, and officials, should be in the forefront of a team’s basic philosophy and attitude. Shaking hands with opponents after competition should be a routine procedure.

**d. Team Initiation – Intimidation (Bullying):** Team initiation of any kind shall be strictly prohibited and is further regulated by WHSBLA.

**e. Rules of Governing Bodies:** All members of Mountain View Lacrosse will abide by the rules established by US Lacrosse and WHSBLA.

### B. GENERAL COMMITMENT

**Dress Code:** Team members should present a neat appearance at all team functions. Coaches should use proper discretion. As a team leader they may choose to establish particular dress codes for various functions (away games, out-of-town trips, banquet, playoffs, etc.).
**Academics**: Academics are the priority of school athletes and players are expected to maintain acceptable standards of academic achievement. It is understood by all that the academic responsibilities include attendance, punctuality, cooperation, general behavior, respect for teachers and fellow students, and a genuine effort on all homework assignments, tests, projects and examinations. Student athletes are required to be making progress towards graduation. Individuals struggling in a subject should seek extra help. Any action that results in suspension from school will also suspend the athlete from the team for the same duration. Any action that results in expulsion from school will also result in expulsion from the Mountain View Lacrosse Club.

Players are required to maintain a 2.00 GPA and have passing grades in all classes during the current semester in order to play with the team. Proof of performance needs to be provided to the Head Coach at the start of the season.

**Jobs/Part-time employment**: Students must realize the difficulty of making a serious commitment to both school activities and part-time employment. Priorities should be established, and if an individual chooses to work at a job which may interfere with practices or games, it is generally understood that this will hinder his/her responsibility as a team member. Players devoting time to jobs in lieu of practice time cannot expect playing time or game involvement. Their roles in that activity may be reduced or eliminated. Failure to attend practices or games due to a job obligation will not be considered an excused absence.

**Uniforms/Equipment**: All participants have a personal responsibility to properly care for any uniform or equipment item issued to them. This includes a neat and orderly appearance for all games, competitions, and performances, as well as the immediate return of all uniform/equipment items issued. Uniforms will be collected immediately following the last game of the season. Uniforms that are not returned at that time will be considered lost. The team will seek repayment of the cost for replacing lost uniforms.

**Smoking and Smokeless Tobacco**: Smoking is detrimental to your ability to perform, and therefore hinders both you and your team, in addition to your personal health. Smoking is not an acceptable activity for students who wish to represent Mountain View Lacrosse. All players will be subject to the penalties of the Washington High School Boys Lacrosse Association and the WIAA.

**Alcohol and Drug Use**: The use of alcohol or drugs in a non-medical fashion will not be tolerated under any circumstances, and will result in penalties consistent with WHSBLA and WIAA.

**C. ATTENDENCE / DEDICATION**

**Practices Attendance**: Team members must demonstrate a commitment to the program by attending practices. Athletes must realize the importance of game preparation. Failure to attend practices, without just cause, will result in the loss of player status with the team. Each unexcused practice that is missed will result in the loss of playing privileges for the next scheduled game. Following the third (3) unexcused absence from practice, the player may be excused from the team.

**Game Attendance**: Team members must demonstrate a commitment to the program by attending all games. Failure to attend games, without just cause, will result in the loss of
player status with the team. The first unexcused game absence will result in the loss of playing privileges for the next scheduled game. The second unexcused game absence will result in the loss of playing privileges for the next two (2) scheduled games. If a third (3) unexcused absence occurs the player may be excused from the team.

**Excused Absences:** The following absences will be excused by the team. Any absence not listed below will be evaluated by the coaching staff and a determination of action will be provided to the student athlete. It is the responsibility of the student to contact the coach directly regarding absences.
1. Medical injury or illness accompanied by a doctor’s written note excusing the athlete from participating in practice or games.
2. Attendance in a school sponsored “non-athletic” required function that effect’s a student’s grades or ability to improve a grade.
3. Academic testing (i.e. Advanced Placement testing).

**Playing time:** All players are entitled to receive coaching instruction and participate in all practices. Playing time in games is at the discretion of the coaching staff and reflects displayed effort, dedication, coach-ability and skill. All players are expected to maintain a high level of dedication to the team and the success of the team. The focus will be on learning life lessons, team work, dedication and individual / team improvement in a high level setting.

**D. COMMUNICATION:**

If there is a problem that arises during the season or if there are questions regarding any issues, it is advised that the players approach the coaching staff to discuss their individual situation. Please review the procedures listed below as you will be referred to them if they are not followed.
1. Player to Coach – It is important that each player work with the coaching staff to resolve any issues that may arise.
2. Parent to Coach - If, following the initial communication between the player and coach, there are still issues that are unresolved coaches will meet with both the player and parents.
3. Parent to Board - If, following the parental communication between the parent and coach, there are still issues that are unresolved; parents may contact the board for further consideration.
4. 24 hours Game Rule – Game days can be an emotional time for players, parents and coaches. For 24 hours following a game there shall be no negative direct communication between parent and coaching staff, or parents and board members. No exceptions!

Washington High School Boys Lacrosse Association requires both parents and athletes to review and sign the Player Code of Conduct and return a copy to the coaches prior to the start of the season.
E. COMPETE WITH CLASS PLEDGE:

All Mountain View Lacrosse participants are expected to COMPETE WITH CLASS and HONOR THE GAME, as delineated by U.S. Lacrosse, by pledging:

- To honor the history of lacrosse and commit to maintaining the core values of the game’s culture.
- To recognize the value of safe and fair play by teaching, enforcing and playing by the letter and spirit of the game.
- To practice and encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other lacrosse event.
- To place the emotional and physical well-being of our players ahead of any personal desire to win.
- To support coaches and officials working with players in order to encourage a safe, positive and enjoyable experience for all.
- To do my very best to make the sport fun for everyone who participates.
- To ask all family members and fans to be tolerant and inclusive by treating other players, coaches, fans and officials with high regard and respect.

As the athlete and the parent/guardian of this athlete we agree with the Mountain View Lacrosse Team Code of Conduct and Compete With Class Pledge.

By signing this form we acknowledge that we have read and understand this information given us.

Printed name of Athlete: __________________________________________________

Signature of Athlete: _____________________________________________________

Date:____________

Printed name of Parent/Guardian: ___________________________________________

Signature Parent/Guardian: ________________________________________________

Date: ____________
Hereby grant permission to Mountain View Lacrosse to photograph and to publish photographs of me or my family members on the website, social platforms, and in related promotional brochures and videos for the purpose of promoting Mountain View Lacrosse.

I hereby waive all rights of privacy and/or compensation for me and/or my family members, which I or he/she may have in connection with the use of his/her photograph or likeness, or any or all of them in or in connection with said website, still photography, or film and any use to which the same or any material therein may be put, applied or adopted by Mountain View Lacrosse in connection with the promotions of its business.

I, myself, and my family, and our respective heirs, administrators, successors and assigns, hereby release Mountain View Lacrosse from and against and all claims, liabilities or damages arising out of, or in connection with, the use of me or my family member's photograph or likeness, or any or all of them, by Mountain View Lacrosse for its business and promotional activities.

Players Printed Name:__________________________________________
Players Signature:______________________________________________ Date:_______

Parents (s) Name:______________________________________________
Parents (s) Signature:____________________________________________ Date:_______