

Florham Park Recreation Department
111 Ridgedale Avenue, Florham Park, NJ 07932
(973) 410-5390 office • (973) 410-5492 fax
www.florhamparkboro.net/recreation

Medical Treatment Authorization Form

As a parent and/or guardian of _____, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Daytime Phone #: () _____ - _____

Evening Phone #: () _____ - _____

Family Physician: _____ Phone #: () _____ - _____

Dates during which release is granted: From _____ to _____

Indicate specific medical allergies, chronic illnesses, or other medical conditions that coaches and medical personnel should be aware of:

Other person to contact in case of emergency: _____

Relationship to child _____

Daytime Phone #: () _____ - _____

Evening Phone #: () _____ - _____

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Name: _____

Signature _____

Date: _____

Keep this form on file for each athlete

Florham Park Lacrosse

CODE OF CONDUCT

THE REQUIREMENTS OF PARTICIPATING IN THE FLORHAM PARK LACROSSE PROGRAM

***AS A PARENT, I AGREE TO TEACH MY CHILD THE FOLLOWING:
AS A PLAYER, I WILL COMMIT TO RESPECTING AND DOING MY BEST
TO PRACTICE THE FOLLOWING:***

- Play lacrosse for FUN.
- Practice and work hard to improve my lacrosse skills.
- Be on time for practices and games and concentrate on playing my best lacrosse.
- Be a team player and not criticize my teammates, coaches, referees, fans, etc.
- Respect and cooperate with my coach.
- Play by the rules of the game.
- Never use foul language or curse.
- Never "trash-talk" or taunt another player.
- Never argue with the official's calls or decisions.

***I UNDERSTAND THE CONDUCT EXPECTED OF ME. MY FAILURE TO CONDUCT MYSELF
IN ACCORDANCE WITH THIS CODE OF CONDUCT MAY RESULT
IN THE REMOVAL OF THE PLAYER OR PARENT FROM THE PROGRAM:***

PRINT PLAYER'S FULL NAME _____ GRADE _____

PLAYER'S SIGNATURE _____ DATE _____

***AS A PARENT, I AM SIGNING WITH THE AWARENESS THAT I AM COMMITTING MY
ENTIRE FAMILY TO THE ABOVE CODE OF CONDUCT***

PRINT MOTHER'S FULL NAME _____

PRINT FATHER'S FULL NAME _____

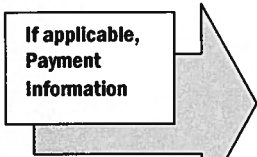
SIGNATURE _____ DATE _____

INDOOR SPORTS PAVILION – REGISTRATION, RELEASE & WAIVER FORM (For Insurance Purposes) – Please print legibly

16 W Hanover Ave, Randolph NJ 07869 – 973-895-4007 / 973-895-4026 (fax) – www.indoorsportspavilion.com

If you have already filled out this form for another program (please list program: _____) during the current "ISP" year –Only fill in *checked* areas, along with payment information (if applicable)

- ✓ Name of Participant: _____, M ___ / F ___
- ✓ Starting Day/Date: _____ Program type: (circle one) League/Tournament/Clinic/Camp/Contract/Batting Cages/ Private Lessons
- ✓ Sport: _____ Position: _____ Name of Team: _____ Representative: _____



Payments -- Amount Paid: \$ _____ Check: # _____, Cash: _____, Credit Cards we take: Visa, M/C, Discover
 Circle One: Credit Card: # _____ Exp Date: _____
 Print Name that appears on card: _____

ALL FEES PAID FOR PROGRAMS AT INDOOR SPORTS ARE NON-REFUNDABLE. REGISTRANTS SHALL NOT BE PERMITTED TO PAY PRO-RATED FEES. CANCELLATIONS DUE TO WEATHER WILL NOT BE SUBJECT TO MAKE-UPS.
*ISP Program schedules are posted on our website one week prior to the start of each program – We **DO NOT** call participants with this information.*

Participant's Address: _____

City _____ State _____ Zip _____

Home Phone No.: _____ Cell Phone No. _____

Registrant's E-Mail: _____ *we will attempt to contact via e-mail if there is a change in schedule.*

Participant's Birth date: ____/____/____ Age: _____ Grade: _____ (As of Sept 1, of current school year)

(For Minors) Parent's Name(s): _____

Parent's Work Phone No(s): _____

Parent's Cell Phone No.(s) : _____

Parent's E-mail address(s): _____

Adult and Minor Participant Waiver & Release Agreement

In consideration of participating in any way in the athletics/sports programs, and /or otherwise participating in or attending events or activities, at the Indoor Sports Pavilion, LLC, ("ISP") during the twelve (12) month period between Sept. 1 – Aug. 31 of each year coinciding with the date of receipt of this document, the undersigned, both individually and on behalf of any minor for whom the undersigned is legally responsible:

1. agrees that he or she, or as the parent(s) or legal guardian(s) of a minor participant, shall, upon entering onto ISP's property and/or prior to participating in an activity at ISP, inspect the property, facility and equipment to be used, and if it is believed that anything is unsafe, shall immediately inform personnel employed at the front desk of ISP of such condition(s) and refuse to be on said property and/or participate unless and until such condition(s), whether inside the facility or its exterior, inclusive of sidewalks and the parking lot areas, is cured or removed. It should be noted that netting surrounding the field has wire ties and chain therein, that goals are stored in areas directly adjacent to and surrounding the fields and that the fields may not be 100% level.
2. acknowledges and fully understands that each participant will be engaging in activities that by the inherent nature of the activity involve a risk of serious injury, including the potential of permanent disability and death, and understands and accepts that severe social and economic loss may result not only from his or her own actions, inactions, or negligence, as well as from the actions, inactions or negligence of others, the rules of play, and/or from any equipment in the facility, whether or not such equipment is used in the normal course of such activity
3. assumes all of the foregoing risks and accepts responsibility for any injury, disability or death to me and/or my child, as well as, and any damages, whether social or economic, arising from being present and/or participating in an activity at or involving ISP, inclusive of such harm arising from the conduct of others who are also present or participating therein. I do not, however, accept responsibility for any injuries or damage to me and/or my child arising while participating in an activity at ISP which is caused by ISP's recklessness or gross negligence, although I do accept responsibility for any harm arising from the physical condition of the netting, the storing of goals or the fact that the turf may not be 100% level as set forth in paragraph 1.
4. represents that I, or my child, am qualified, in good health and in proper physical condition to participate in activity(ies) at ISP and hereby authorize any representative of ISP, or medical provider, to seek medical attention on my behalf, or on behalf of my child, to ensure my well being, or the well being of my child, without any legal liability whatsoever, inclusive of any responsibility for any negligent rescue operations.
5. releases, waives, discharges and covenants not to sue ISP, it's affiliated clubs, administrators, members, directors, agents, coaches, referees, and/or other employees of ISP, other participants, sponsoring agencies, sponsors, advertisers, owners and lessors/leasees of the premises used to conduct the event or activity in which I, or the minor participant for whom I am responsible, participate (all of which are hereinafter referred to as "releases"), from any and all liability to each of the undersigned, his or her heirs and the next of kin, for any and all claims, demands, losses or damages on account of any injury, including death or damage to property, caused or alleged to have been caused, in whole or in part, by the releases or otherwise, whether inside the facility or in the parking lot, on a sidewalk or any other exterior area. I so agree independently on behalf of myself as to any claims I may have as a participant/spectator and/or as the parent or legal guardian of the subject minor/child, and separately on behalf of the subject minor/child.
6. hereby authorizes the use in any promotional materials of any photograph taken of me, or my child, while participating in any activity at ISP.
7. agrees that all disputes arising from an injury or claim whatsoever at, or relating to, ISP shall be resolved by mandatory arbitration in New Jersey pursuant to New Jersey law.
8. to the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of ISP, its agents, and employees. If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision and provisions severed here from.

I/WE HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT AND FULLY UNDERSTAND AND AGREE TO GIVE UP CERTAIN RIGHTS BY VOLUNTARILY SIGNING IT AND I/WE NEVERTHELESS DO SO. I AGREE THAT THIS DOCUMENT CANNOT BE MODIFIED ORALLY.

Signature of Parent, Guardian, or Adult Participant: _____ Date: _____

Printed Name of Parent, Guardian, or Adult Participant: _____



Member ID# (if renewing and known) _____ circle one: **Male** **Female**

Name: _____ D.O.B: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Email address: _____

* Ensure you get all benefits by maintaining a current email address.

STEP 1 - Select your membership category based on your age

- ___ Youth: 15 and under - not H.S. player.....\$25
- ___ High School: 18 and under.....\$35
- ___ Adult: Ages 18+.....\$50

STEP 2 - Select all categories where you participate:

(You must identify each category of participation to obtain insurance coverage for that category. There is no additional charge for multiple categories)

___ **PLAYER**
___ **COACH (Check all that apply)**

- | | |
|---|---|
| Men's | Women's |
| <input type="radio"/> Youth | <input type="radio"/> Youth |
| <input type="radio"/> HS Assistant for JV/Varsity | <input type="radio"/> HS Assistant for JV/Varsity |
| <input type="radio"/> HS JV Head Coach | <input type="radio"/> HS JV Head Coach |
| <input type="radio"/> HS Varsity Head Coach | <input type="radio"/> HS Varsity Head Coach |
| <input type="radio"/> HS Club | <input type="radio"/> HS Club |
| <input type="radio"/> College Club | <input type="radio"/> College Club |
| <input type="radio"/> College Assistant | <input type="radio"/> College Assistant |
| <input type="radio"/> College Varsity Head | <input type="radio"/> College Varsity Head |
| <input type="radio"/> Post-Collegiate Club | <input type="radio"/> Post-Collegiate Club |

*For information on becoming a CEP certified coach please visit: www.uslacrosse.org/cep.

___ **OFFICIAL (Check all that apply)**

- | | |
|---------------------------------------|----------------------------------|
| Men/Boys' | Women/Girls' |
| <input type="radio"/> Youth | <input type="radio"/> Youth |
| <input type="radio"/> High School | <input type="radio"/> Apprentice |
| <input type="radio"/> Post-Collegiate | <input type="radio"/> Local |
- If you are a college official or assignor, contact US Lacrosse for the appropriate form.
If your umpire level is district or higher, contact US Lacrosse for the appropriate form.

Enter your District Number _____ Enter your Local Board _____

(Contact US Lacrosse if you do not know your district or board.)

All official category memberships expire 9/30, regardless of date joined.

Officials and coaches receive one rulebook complimentary and may purchase additional rulebooks at \$8 each. Please indicate number for each type:

- | | |
|---------------------------------|----------------------------|
| ___ Men's NCAA | ___ Women's NCAA |
| ___ Men's HS/Youth (Federation) | ___ Women's HS/Youth (USL) |
- Total additional rulebooks purchased _____ @ \$8 each _____

___ **FAN** (for members who do not participate as a player, coach or official)

Chapter Information: A portion of your dues will be paid to your local Chapter covering your zip code, unless you indicate a different Chapter here (see website for listing):

Charitable Information: Please consider a tax-deductible gift to support the growth of lacrosse nationwide!
US Lacrosse Fund \$ _____ Your total Fee \$ _____

STEP 3 - Complete your payment information

Payment information:

- Check Enclosed (payable to US Lacrosse)
- Credit Card Card Number: _____
Expiration Date: _____ / _____
Name on Card (if different than above): _____
Address (if different than above): _____

STEP 4 - Please sign waiver to the right

ENROLLMENT FORM AND MEMBER AGREEMENT

Insurance Information

All categories except "Fan" include comprehensive secondary lacrosse insurance and must sign below. Insurance information, including claim forms, can be found on our website: www.uslacrosse.org.

Signature Required for Acceptance of Membership

In consideration of my membership in US Lacrosse, and my participation in US Lacrosse sanctioned, recognized or sponsored events ("Covered Events"), I agree to the following:

- 1. Waiver and Release:** I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that US Lacrosse, the host organization and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a Covered Event. This Waiver & Release shall also be for the benefit of and run in favor of any youth organization that requires participants to become members of US Lacrosse as a condition to their participation in such organization's youth lacrosse events, which shall constitute Covered Events for purposes of this Waiver & Release, and any such youth lacrosse league shall constitute the host organization for such Covered Events.
- 2. Medical Attention:** I hereby give my consent to US Lacrosse and the host organization of any Covered Event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in Covered Events.
- 3. Readiness to Compete:** I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete.
- 4. Information Certification:** I certify that all information provided by me in this application, including without limitation my membership category, is true, accurate and complete and I understand that any untrue, inaccurate or incomplete statement or information will automatically invalidate my membership and all of the benefits of membership in US Lacrosse.
- 5. Code of Conduct:** I agree to all terms on the reverse side of this form (refers to accepted US Lacrosse/Positive Coaching Alliance Code of Conduct).

Participant Primary Medical Insurance Carrier is:

Policy Number: _____

If participant is under 18, then a parent or legal guardian of this participant must sign.

As member, or as parent or legal guardian of a member under 18, I hereby verify by my signature below that I fully understand and accept each of the above conditions.

Signature: _____

Date: _____

Printed Name of signor: _____

Membership is annual and non-refundable

We suggest you renew online for the fastest and most efficient process:
www.uslacrosse.org.

US LACROSSE

Code of Conduct

US LACROSSE AND THE POSITIVE COACHING ALLIANCE

Lacrosse is the oldest American sport. Native Americans played lacrosse centuries ago, long before our colonies were settled. Through lacrosse, Native Americans celebrated and emphasized their spiritual and cultural values.

In an effort to promote appropriate values in the modern game, US Lacrosse has partnered with the Positive Coaching Alliance to promote positive coaching and good sportsmanship for all levels of lacrosse. US Lacrosse has included the following "Lacrosse Code of Conduct" as part of its membership application to encourage and foster appropriate values in players, coaches, parents, officials and spectators. US Lacrosse believes that it should be a priority of every lacrosse player, team, program and league to "Honor the Game."

US LACROSSE CODE OF CONDUCT

Players, coaches, officials, parents and spectators are to conduct themselves in a manner that "Honors the Game" and demonstrates respect to other players, coaches, officials, parents, spectators and fans. In becoming a member of the lacrosse community an individual assumes certain obligations and responsibilities to the game of lacrosse and its participants. The essential elements in this "Code of Conduct" are HONESTY and INTEGRITY. Those who conduct themselves in a manner that reflects these elements will bring credit to the sport of lacrosse, themselves, their team and their organization. It is only through such conduct that our sport can continue to earn and maintain a positive image and make its full contribution to amateur sports in the United States and around the world. US Lacrosse supports the following behaviors for those who participate in the sport or are involved in any way with US Lacrosse. The following essential elements of the "Code of Conduct" must be followed:

- + Sportsmanship and teaching the concepts of fair play are essential to the game and must be taught at all levels and developed both at home and on the field during practices and games.
- + The value of good sportsmanship, the concepts of fair play, and the skills of the game should always be placed above winning.
- + The safety and welfare of the players are of primary importance.
- + Coaches must always be aware of the tremendous influence they have on their players. They are to strive to be positive role models in dealing with young people, as well as adults.
- + Coaches should always demonstrate positive behaviors and reinforce them to players, parents, officials and spectators alike. Players should be specifically encouraged and positively reinforced by coaches to demonstrate respect for teammates, opponents, officials and spectators.
- + Players should always demonstrate positive behavior and respect toward teammates, opponents, coaches, officials, parents and spectators.
- + Coaches, players, parents and spectators are expected to demonstrate the utmost respect for officials and reinforce that respect to players/teammates. Coaches are also expected to educate their players as to the important role of lacrosse officials and reinforce the ideal of respect for the official to players/teammates.
- + Grievances or misunderstandings between coaches, officials or any other parties involved with the sport should be communicated through the proper channels and procedures, never on or about the field of play in view of spectators or participants.
- + Officials are professionals and are therefore expected to conduct themselves as such and in a manner that demonstrates total impartiality, courtesy and fairness to all parties.
- + Spectators involved with the game must never permit anyone to openly or maliciously criticize, badger, harass or threaten an official, coach, player or opponent.
- + Coaches must be able to demonstrate a solid knowledge of the rules of lacrosse, and should adhere to the rules in both the letter and the spirit of the game.
- + Coaches should provide a basic knowledge of the rules to both players and spectators within his/her program. Attempts to manipulate rules in an effort to take unfair advantage of an opponent, or to teach deliberate unsportsmanlike conduct, is considered unacceptable conduct.
- + Eligibility requirements, at all levels of the game, must be followed. Rules and requirements such as age, previous level of participation, team transfers, etc, have been established to encourage and maximize participation, fair play and to promote safety.

For more information call: 410.235.6882 x102

To renew, choose one of the following:

Mail to: 113 West University Pkwy • Baltimore, MD 21210-3300

Fax to: 410.843.0390

Log on to: www.uslacrosse.org