



Lacrosse Association of Coppell, Inc.

Player Code of Conduct

Membership or participation in the Lacrosse Association of Coppell, Inc., (“Coppell Lacrosse”) is the player’s choice and is a privilege, not a right. No student is required to take part in this activity. Therefore, it is imperative that all members understand the following rules and responsibilities, and acknowledge that the Board of Coppell Lacrosse, its coaches or program directors have every right to revoke these privileges for improper behavior.

Coppell Lacrosse members or participants are expected to:

- Compete intensely on the field, but always conduct themselves as ladies or gentlemen
- Represent themselves and their team, reflecting the highest standards of Coppell Lacrosse

On the field, Coppell Lacrosse members or participants agree to:

- Display good sportsmanship at all times. Be a good loser and a gracious winner
- Respect officials, coaches, and opponents
- Refrain from using profanity or illegal tactics
- Conduct themselves according to Lacrosse rules

Coppell Lacrosse members or participants pledge to:

- Obey laws regarding the consumption and use of Alcohol and Tobacco
- Remain free of all abusive drugs (marijuana, narcotics, steroids, Controlled Substances, etc.)

Coppell Members are expected to:

- Consult the coach before missing any practice or game
- Realize that absences may result in disciplinary action, including suspension from future games or from the team
- Obey all training rules given to him/her by the coach

Acknowledgment:

I wish to become a member or participant of Coppell Lacrosse and agree to abide by this Code of Conduct. I understand that conduct unbecoming a member of Coppell Lacrosse may subject me to disciplinary action, including the termination of my membership or participation.

Signature of Participant

Date Signed

Printed Name of Participant

As Parent / Guardian of the above named student, I acknowledge that I have read and agree to the terms and conditions of the Code of Conduct.

Signature of Parent / Guardian

Date Signed

Printed Name of Parent / Guardian



Lacrosse Association of Coppell, Inc.

Waiver and Release of Liability

In consideration for being allowed to participate in any way in the Lacrosse Association of Coppell, Inc. (“Coppell Lacrosse”) athletic sports program, related events, and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist
2. They knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for their participation
3. They willingly agree to comply with the Code of Conduct and customary terms and conditions for participation. If, however, they observe any unusual, significant hazard during their presence or participation, they will remove themselves from participation and bring such to the immediate attention of the nearest official
4. For themselves and on behalf of their heirs, assigns, personal representatives and next of kin, they hereby releases and hold harmless The Lacrosse Association of Coppell, Inc., its officers, officials, agents, employees, other participants, The Coppell Independent School District, The City of Coppell, other sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct events (“Released Parties”), with respect to any and all injury, disability, death, loss or damage to person or property.

I have read this release of Liability and assumption of risk agreement, fully understand its terms, understand that I give up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature of Participant

Date

Printed Name of Participant

**FOR PARTICIPANTS OF MINORITY AGE
(UNDER 18 AT THE TIME OF REGISTRATION)**

As Parent / Guardian with legal responsibility for this participant, I consent to his/her release as provided above of all the Released Parties, and, for myself, my heirs, assigns, and next of kin, release and hold harmless the Released Parties from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above.

Signature of Parent / Guardian

Date Signed

Printed Name of Parent / Guardian



**Lacrosse Association of Coppell, Inc.
Medical Information and Release**

Player Information

Name:	<input type="text"/>	Fall Grade:	<input type="text"/>
Address:	<input type="text"/>	School:	<input type="text"/>
City/State/Zip:	<input type="text"/>	Years/Lacrosse	<input type="text"/>

Parent Information

Name:	<input type="text"/>		
Hm Phone:	()	Home E-Mail:	<input type="text"/>
Cell Phone:	()	Work E-Mail:	<input type="text"/>
Wk Phone:	()	Please provide home and work e-mail addresses	

Name:	<input type="text"/>		
Hm Phone:	()	Home E-Mail:	<input type="text"/>
Cell Phone:	()	Work E-Mail:	<input type="text"/>
Wk Phone:	()	Please provide home and work e-mail addresses	

Emergency Contact Information

Name:	<input type="text"/>		
Hm Phone:	()	Wk Phone:	()
Cell Phone:	()		

Medical Information

Doctor's Name	<input type="text"/>
Doctor's Phone:	()
Health Insurance Carrier:	<input type="text"/>
Policy Number:	<input type="text"/>
Preferred Hospital:	<input type="text"/>
Drug Allergies:	<input type="text"/>
Medical Conditions:	<input type="text"/>

As Parent / Guardian for the named participant, I hereby consent to allow Agents of the Lacrosse Association of Coppell, Inc. to act in the best interest of my child in the event of a medical emergency. I authorize them to seek appropriate medical attention as required by the circumstances, including transportation to emergency medical facilities. Representatives of the Lacrosse Association of Coppell, Inc. will notify me and / or the emergency contact as soon as possible. I understand that I am financially responsible for costs incurred in the medical treatment of the named participant.

Signature of Parent / Guardian

Date Signed

Printed Name of Parent / Guardian