



Girls: Grades 7th – 8th

Email: dewittlax@dewittlacrosse.org
Website: www.dewittlacrosse.org

Parents and Players,

Welcome to the 2012 season of DeWitt Lacrosse. We enter our eighth season with great enthusiasm and expectation that the players will gain and improve their lacrosse skills, and that all players, coaches, and spectators will strive to promote good sportsmanship. Practice will begin the second week of March. Coaches will contact you with exact dates and times.

Registration Information:

1. **Registration Forms and Fee: Due February 1, 2012.**
The DeWitt Lacrosse Club and the US Lacrosse Registration Forms must be completed and returned with the fee to the DeWitt Lacrosse Club by the registration deadline to secure a spot on a team.
2. **Uniform Selection Sheet: Due February 1, 2012.**
This form is used to select uniform sizes and jersey numbers.
3. **Email Addresses: Due immediately.**
We will be using email as our main form of communication. To ensure an accurate email list, please send an email to dewittlax@dewittlacrosse.org with your player's name and grade in the subject line, *even if you submitted it last year*. Multiple email addresses may be submitted.
4. **Sports Physical Form: Due at first practice.**
 - A current-year Sports Physical Form is required in order to participate in lacrosse and *must be given to the coach on the first day of practice*. Only those who have completed and turned in a physical form will be allowed to practice with the team. (A current-year physical is one given on or after April 15, 2011.)
 - If your student has a Sports Physical Form on file at his/her school in DeWitt, the Lacrosse Club will contact the DeWitt Junior High School to request copies of them. This allows the school to make copies in advance. The Lacrosse Club will send an email indicating when the physical form copies are available for you to pick up at your student's school office. The club cannot pick up these forms for you.
 - 5th and 6th grade players will need to request a copy of their Sports Physical Form from their doctor since Herbison Woods School does not have them on file.
 - Blank Sports Physical Forms are usually available in the school offices or can be downloaded at the following website: www.mhsaa.com
5. **Parents/Coaches Meeting:** A mandatory parent/coaches meeting will be held at the beginning of the season. At the meeting, your coach will discuss playing time, player and parent conduct, and other expectations specifically pertaining to your team. An email will be sent by your coach with the date and time.

If you are interested in assisting the current coaches, please contact your student's head coach. Email addresses for the head coaches are listed on the following page along with the Lacrosse Club board members. If you have any questions, please feel free to contact us. We look forward to a safe and rewarding season.

Thank you,
The DeWitt Lacrosse Board

DeWitt Lacrosse is a non-profit corporation formed to teach students the game of lacrosse.

Registration Check List

- DeWitt Lacrosse Registration Form
- US Lacrosse Registration Form
- Registration Fee – CHECKS OR MONEY ORDERS PLEASE
NO CASH WILL BE ACCEPTED
- Uniform Selection Sheet

Due: February 1, 2012

Send to: DeWitt Lacrosse
PO Box 228
DeWitt, MI 48820

- Provide email address by sending an email to dewittlax@dewittlacrosse.org with player's name and grade in the subject line, *even if you submitted it last year.*

Due: Immediately

- Physical Form: **Give to your coach on the first day of practice.**

DeWitt Lacrosse Club Contact Information

Email: dewittlax@dewittlacrosse.org

Website: www.dewittlacrosse.org

<u>Position</u>	<u>Name</u>	<u>Email Address</u>
President	Mike Zamiara	mzamiara4@gmail.com
Vice President	Tom Plantz	dewittlax@dewittlacrosse.org
Treasurer	Mary Jo Fedewa	drfedewa@comcast.net
Secretary & Tournaments	Terri Langdon	KandTLangdon@comcast.net
Board Members:		
Spirit Clothing	Cindy Maher	cmaher@mpmca.org
Fields	Greg Harless	harless@ingham.org
Pictures & Spirit Clothing	Mary Kimble	wmkimble@comcast.net
Equipment	Mitch Maher	mcmasonry@4wbi.net
Scheduler & Webmaster	Diane Alexander	dalexa05@4wbi.net
Uniforms	Dyan Coucke	mdcoucke@comcast.net
Girls Varsity Head Coach	Mark Coucke	mdcoucke@comcast.net
Girls 7 th /8 th Grade Head Coach	TBD	
Boys Varsity Head Coach	Ian Broughton	broughtoni@gmail.com
Boys JV Head Coach	Warren Jacobs	dewittlax@dewittlacrosse.org
Boys 7 th /8 th Grade Head Coach	TBD	
Boys 5 th /6 th Grade Head Coach	TBD	

Required Lacrosse Equipment

Boys: Each player is responsible for purchasing his own equipment which includes the following:

- Lacrosse Helmet (Navy)
- Lacrosse Shoulder Pads
- Lacrosse Elbow Pads
- Lacrosse Gloves
- Standard Lacrosse Stick
- Cleats
- Athletic Cup
- Mouth Guard (Strap required; no white or clear)

Goalie equipment and long poles are provided for the team's use during the season.

Girls: Each player is responsible for purchasing her own equipment which includes the following:

- Lacrosse Goggles
- Standard Girl's Lacrosse Stick
- Cleats
- Shirt (White - Long Sleeve and/or Short Sleeve)
- Compression Shorts (Navy - 4" inseam)
- Mouth Guard (No strap; no white or clear)

Goalie equipment is provided for the team's use during the season.

Local Lacrosse Retailers

Athlete's Connection

4211 S. Martin Luther King Jr. Blvd.
Lansing, MI 48910
(517) 394-5295
www.teamlax.com

Athlete's Connection is offering Boy's Lacrosse Starter Packs (arm pads, shoulder pads and gloves) starting at \$74.99 to \$139.99 and helmets starting at \$109.99. Girl's Starter Packs (complete stick, stick bag, and goggles) are available for \$79.99.

Johnny Mac's

4255 5 Oaks Drive
Lansing, MI 48911
(517) 393-2221

Johnny Mac's is offering a 10% discount on helmets and a 15% discount on any lacrosse items. Just identify yourself as Dewitt Lacrosse Club member in order to receive this discount.



DeWitt Lacrosse Club Registration
Girls: Grades 7th – 8th

Due Date: February 1, 2012

Player's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Circle Grade: 7 8 Gender: M F

Father/Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother/Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

EMAIL ADDRESSES:

To be included in email communications, please provide the email addresses you would like DeWitt Lacrosse to use by sending an email to dewittlax@dewittlacrosse.org with your student's name and grade in the subject line, even if you submitted it last year.

ETHICS AND CONDUCT:

We understand that all rules regarding ethics and personal conduct including but not limited to discipline and substance abuse, will be followed and enforced as outlined on Michigan High School Athletic Association's (MHSAA) website: www.mhsaa.com

Player's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____

CONSENT TO PARTICIPATE:

I hereby give my consent for the above referenced player to participate in the Lacrosse Program sponsored by the DeWitt Lacrosse Club. I, on behalf of the player, our family, and myself release and discharge all of the coaches, officials and volunteers from any and all liability or responsibility for any injury that the player may sustain while participating in the Program. I acknowledge that the DeWitt Lacrosse Club does not provide medical insurance for participants.

_____ Date _____

Signature of Parent/Guardian or Student, if 18 years or older

FEES: Due February 1, 2012

Grade 7 & 8 Registration Fee: \$200

****CHECKS OR MONEY ORDERS PLEASE**
NO CASH WILL BE ACCEPTED**



Please make checks payable to DeWitt Lacrosse and mail to:

DeWitt Lacrosse
PO Box 228
DeWitt, MI 48820



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.

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.

STEP 1 - 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="checkbox"/> Youth | <input type="checkbox"/> Youth |
| <input type="checkbox"/> HS Assistant for JV/Varsity | <input type="checkbox"/> HS Assistant for JV/Varsity |
| <input type="checkbox"/> HS JV Head Coach | <input type="checkbox"/> HS JV Head Coach |
| <input type="checkbox"/> HS Varsity Head Coach | <input type="checkbox"/> HS Varsity Head Coach |
| <input type="checkbox"/> HS Club | <input type="checkbox"/> HS Club |
| <input type="checkbox"/> College Club | <input type="checkbox"/> College Club |
| <input type="checkbox"/> College Assistant | <input type="checkbox"/> College Assistant |
| <input type="checkbox"/> College Varsity Head | <input type="checkbox"/> College Varsity Head |
| <input type="checkbox"/> Post-Collegiate Club | <input type="checkbox"/> 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="checkbox"/> Youth | <input type="checkbox"/> Youth |
| <input type="checkbox"/> High School | <input type="checkbox"/> Apprentice |
| <input type="checkbox"/> Post-Collegiate | <input type="checkbox"/> 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:

- | | |
|---|---|
| <input type="checkbox"/> Men's NCAA | <input type="checkbox"/> Women's NCAA |
| <input type="checkbox"/> Men's HS/Youth (Federation) | <input type="checkbox"/> 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 \$ _____

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:

- 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.
- 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.
- Readiness to Compete:** I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete.
- 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.
- 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

STEP 2 - Please sign waiver to the right

