



Bringing lacrosse to the city and the city to lacrosse.

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Lacrosse for LIFE 2011-2012 Commitment & Waiver Form

PARENT/GUARDIAN TO COMPLETE THIS SECTION:

I the parent/guardian of the athlete named in this document, recognize that involvement in the Lacrosse for LIFE program requires a commitment on the part of my child. I understand that my child is expected to attend all practices, games and activities, to arrive on time and to fully participate as instructed by the coaching staff. I understand that the program is offered at no charge and that my child and family are expected to contribute to the program through fundraising and team activities.

I also understand that Lacrosse for LIFE activities include but are not limited to travel, special field trips, award-based activities, academic coaching, nutritional snacks, enrichment and character-building activities and adherence to the Bulldog Code of Conduct. I agree to my child's participation in all Lacrosse for LIFE-sanctioned events and understand that my child's likeness may be used in photograph, video, internet or other media and that compensation is not expected or provided in these instances. I agree to release academic information/school progress reports for the purposes of academic coaching and team eligibility. I understand that a team leader may contact me regarding my child's progress and development throughout the season.

I also understand and agree that the information provided on the San Francisco Recreation and Park Registration Form is accurate and that my child is a resident of the City of San Francisco. I understand that participation in athletic and other activities involves some risk and injuries may occur to my child. In allowing my child to participate in the activities of the Lacrosse for LIFE program, I assume the risk and liability of all injury, paralysis or death caused by his/her participation. I agree to release from any liability and agree not to sue Palega Youth Lacrosse, Lacrosse for LIFE, administration, coaches, agents or volunteers for any and all injuries resulting from this participation.

Parent/Guardian Signature: _____ Date: _____

ATHLETE TO COMPLETE THIS SECTION:

I understand that being a member of Lacrosse for LIFE requires a commitment to the team and the LIFE principles. I understand that I am expected to come to every practice and game on time and to listen to and follow all coaches' instructions. I also understand that I will keep my grades at a minimum of 2.5 and will participate in academic and life-skills coaching.

The school I attend: _____

The grade I am in: ____ I wear size ____ (top) ____ (bottom)

Athlete Signature: _____ Date: _____

COACH/VOLUNTEER PLEDGE:

The coaches and volunteers pledge to prove a fun, disciplined and rewarding after-school lacrosse program. We will do our best to be consistent and fair and ***will always seek the best interest of our players.***

Lacrosse for LIFE is a 501(c)(3) not for profit organization. To contribute to this program, a tax-deductible donation can be made to: *Lacrosse for LIFE* and mailed to the above address.
Thank you for your support.