



# Buffalo Youth Lacrosse 2010 Summer Season

Buffalo Youth Lacrosse is a program for boys and girls in grades 2 to 9 emphasizing high skill levels, teamwork, and good sportsmanship. Our goal is to provide a sense of belonging, motivation, and accomplishment.

## Fees and Schedule

The 13-week session for boys costs \$250 per child, and the 11-week session for girls costs \$200 per child. There is a family discount of \$15 off per additional child. Financial aid is available. Contact Chris Mathias for more information.

*If your child is interested in playing lacrosse but will not be available for all of the practices or games due to summer travel plans or other obligations, please contact us at [chris@buffaloyouthlacrosse.com](mailto:chris@buffaloyouthlacrosse.com) or at 939-9031. We will be happy to prorate fees if the time commitment for BYL is too great or it conflicts with other plans.*

**Register by March 15, 2010 and deduct \$20 from the session fee.**

## BOY'S PRACTICE SCHEDULE

**Boys will meet Sunday, April 25 at 10 a.m. at Canisius High School's Tripi Field.**

Practices will be held twice a week:

- Sunday mornings beginning April 25<sup>th</sup>
- Wednesday evenings beginning April 28<sup>th</sup>

## GIRL'S PRACTICE SCHEDULE

**Girls will meet Sunday, May 9<sup>th</sup> at 9 a.m. at Canisius High School's Tripi Field.**

Practices will be held twice a week:

- Sunday mornings beginning May 9<sup>th</sup>
- Tuesday evenings beginning May 11<sup>th</sup>

## Boy's Mandatory Equipment

Children must have the following equipment to participate:

- lacrosse stick,
- approved helmet with mouth guard,
- protective cup,
- gloves and shoulder pads,
- cleats or turf shoes,
- arm guards are recommended.

Hockey gloves, helmet and shoulder pads are acceptable. **Arm guards and rib pads are recommended for game play.**

### Girl's Mandatory Equipment

Children must have the following equipment to participate:

- girl's lacrosse stick
- approved lacrosse goggles
- mouth guard
- cleats or turf shoes

### Registration

Please send completed registration form, health form and check made payable to

**Buffalo Youth Lacrosse** (*\$250 for boys or \$200 for girls*) to:

Buffalo Youth Lacrosse

P.O. Box 1433

Buffalo, New York 14213

**Phone** 716-939-9031/**Email** [chris@buffaloyouthlacrosse.com](mailto:chris@buffaloyouthlacrosse.com)

Practice and game schedules will be distributed to registered families in April.

# Buffalo Youth Lacrosse Health Form



Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
\_\_\_\_\_ Evening Phone \_\_\_\_\_  
\_\_\_\_\_ Cell/Other \_\_\_\_\_

In case of emergency, notify: 1. \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
2. \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Player has history of/ current treatment for:** (Please check)

- asthma       fainting spells       convulsions  
 diabetes       heart trouble       bee sting allergies  
 cystic fibrosis       ADD/hyperactivity  
 medication allergy: \_\_\_\_\_  
 food allergy: \_\_\_\_\_  
 other: \_\_\_\_\_

Please check here if none of the above apply.

**Immunizations:** Please record month and year. (Separate vaccination records are not required.)

Measles \_\_\_\_\_ Diphtheria \_\_\_\_\_ Polio \_\_\_\_\_ Rubella \_\_\_\_\_  
Mumps \_\_\_\_\_ Tetanus Toxoid \_\_\_\_\_ HIB \_\_\_\_\_

**Medications:**

All medication(s) to be given during camp must be clearly labeled and kept with our coaching staff.

Medications to be distributed: \_\_\_\_\_  
\_\_\_\_\_

**Limitations:** Please disclose any information that our staff may need to know regarding the health and welfare of your child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Player's Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

### Payment Information

The fee for participation in the Buffalo Youth Lacrosse 2010 Season is \$250 for boys; \$200 for girls.

Check enclosed. Please make checks payable to **Buffalo Youth Lacrosse**.

### Waiver and Acceptance of Participation

#### Insurance Information

All players will receive comprehensive secondary lacrosse insurance and must sign below.

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 my child's participation in a lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that Buffalo Youth Lacrosse, the host organization and the sponsor or sponsors with respect to a covered event, together with the 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 child's participation in a covered event.
2. **Medical Attention:** I hereby give my consent to Buffalo Youth Lacrosse and the host organization of my 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 child's participation in covered events.
3. **Readiness to Compete:** My child will only participate in those covered events which I believe he or she is physically and psychologically prepared to compete.
4. **Information Certification:** I certify that all information provided by me in the application and health form is true, accurate and complete.

#### Participant Primary Medical Insurance Carrier

Insurance Carrier \_\_\_\_\_  
Policy Number: \_\_\_\_\_

### A parent or legal guardian of a participant under the age of 18 must sign below

As a parent or legal guardian of a participant 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 Signer: \_\_\_\_\_