



One for all.

113 West University Parkway, Baltimore, Maryland 21210-3300
Tel: 410.235.6882 • Fax: 410.843.0390 • www.uslacrosse.org

Suit up.

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

Name: _____ D.O.B: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Email address: _____

Select a Membership Category and Level: Annual Dues

Player:

Youth: 15 and under - not H.S. player \$20

High School: 18 and under \$35

Adult: Ages 18+ \$50

Collegiate Post Collegiate

Coach:

Youth/Assistant/Club/JV \$35

Men's Women's Both

Head (School-recognized High School or College)

High School College \$50

Men's Women's Both

Choose *one* Rulebook

NCAA Men's Federation NCAA Women's USL Rulebook

Official:

Referees and Umpires

Men's Women's Both \$50

(choose *one* rulebook) NCAA Men's Federation NCAA Women's USL Rulebook

(Men's and women's officials expire 9/30 REGARDLESS OF DATE JOINED)

Cross-Participant (members who participate in two or more different categories):

If under 18 (Youth/High School): \$45

18 and older (Adult): \$65

(choose *one* rulebook) NCAA Men's Federation NCAA Women's USL Rulebook

(Men's and women's officials expire 9/30 REGARDLESS OF DATE JOINED)

Check all that apply

Player (check one)

Youth High School College Post College

Coach (check one)

Youth/Assistant/Club/JV Head

Official (check one)

Men's Women's Both

Fan: (International is \$50) \$40

Payment information:

Check enclosed (payable to US Lacrosse) Please charge my credit card:

Card Number: _____ Expiration Date: ____/____/____

Name on card (if different from above): _____

Address (if different from above): _____

Chapter Information:

I would like the Chapter portion of my dues to go to:

The Chapter into which my zip code falls

Another Chapter outside my zip code (specify - see website for listing): _____

Additional Contribution:

I would like to include an additional contribution to:

The US Lacrosse Fund \$ _____

The Chapter \$ _____

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: _____

Signature: _____

Date: _____

If Participant is under 18, please read and sign below:

As parent or legal guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions.

Signature of Parent/Guardian: _____

Date: _____

Printed name of Parent/Guardian: _____