2018 RIPTIDE TEAM

###### PLAYER APPLICATION FORM

**Player’s Name:**

 **Surname First Middle Initial**

**Date of Birth:**

 **Day Month Year**

**Weight: \_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_ T-Shirt size S M L XL XXL**

**Address:**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Cell Phone:**

**Email Address:**

**Mother’s Name: Father’s Name:**

***Lacrosse Playing Background***

### Shoots: Left Right

(Please circle)

### Position: Runner Goalie

**(Please circle)**

**How many years have you played lacrosse: Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### Sports Background

#### Other sports played 1)

####  2)

 **3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any health concerns (i.e. heart, asthma, allergies, etc.) the coaches should be aware of?**

**Yes No**

**If “yes” please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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#### Are you able to attend the Identification Camps April 28 & 29, 2018?

####  Yes No

#### If “no” please explain:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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#### Player’s Signature: \_\_\_\_\_\_\_\_

**Parent’s Signature: \_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Tryout Fees

Pre-Registration: $20 (If registered before April 25, 2018.)

 Pre-Registered applicants will also receive a Riptide T-shirt

Walk-in Registration: $25 (registrations will be accepted the day of the Tryouts)

Please mail your completed application and $20 Tryout fee to: Fundy Riptide

 C/o Tina Watson

 163 Queensbury Dr

 Quispamsis

 E2E 0H6

Cheques should be made payable to Fundy Lacrosse Association

Team Preparation and Training

As part of the Riptide program this year, The Riptide teams will be participating in exhibition games with teams in the FLA house league. The Riptide teams will be playing up one age division from their team designation.

Ex. The Peewee Riptide team will be playing games against the Bantam house teams.

Push check only will be strictly enforced for these games. All games will be observed and officiated by senior referees.

Any questions with regards to the Riptide program and teams should be directed to:

The Director of Competitive Programs, Dave Arsenault

Contact email:lnblax@gmail.com

Waiver and Release

1. I hereby certify that my child is in reasonable health and is capable of safe participation in the

program indicated above. I assume all risks and hazards incidental to the conduct of this program.

I hereby authorize the Fundy Lacrosse Association to obtain medical treatment for my child in the event that the parent and emergency contact cannot be reached.

2. I hereby release the Fundy Lacrosse Association, its employees, its board, and Volunteers from any and all causes of action and or claims for any physical injuries, personal losses, or damage done to personal property while on the premises of either the Fundy Lacrosse Association, or properties associated with specific programs of the organization.

3. I agree to indemnify and save harmless the Fundy lacrosse Association from any claims or demands arising out of any such injuries or losses.

4. I authorize the publication of any photography taken for or during this program for the use of promoting or advertising further programs, unless I notify the Fundy Lacrosse Association, of my desire to not permit any published photos at the time of registration.

5. I certify that I (the parent or guardian) and my child HAVE READ the concussion information found

online at [**www.fundylacrosse.ca/parent-information/ Concussion Guide**](http://www.fundylacrosse.ca/parent-information/)

\*By signing below, I certify that I have read, agree to, and have acted on and understand the foregoing.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_