



PLAYER REGISTRATION FORM GIRLS TEAM

PLAYER INFORMATION

Player Name: _____ Player Nickname: _____

Date of Birth: _____ Player Age Group: _____ Player Jersey Number: _____

Sticks: Right/Left/Switch Throws: Right/Left

Years Played: _____

Positions Played: _____

Hat Size: Xs-Sm (6 5/8 - 7); Sm-Md (7 - 7 1/4); Lg-Xl (7 3/8 - 7 5/8)

Jersey/Shirt Size: YS YM YL AS AM AL AXL

MEDICAL INFORMATION

Emergency Contact: _____ Insurance Carrier: _____

Relationship: _____ Policy: _____

Medical Diagnoses/Allergies: _____ Family Physician: _____

In case of emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responders, ER Physician) _____ (sign)

PARENT GUARDIAN INFORMATION

Parent/Guardian(s) Name: _____

Parent/Guardian(s) Address: _____

Parent/Guardian(s) E-Mail: _____

Parent/Guardian(s) Phone # _____

Volunteer: Yes No

Player Availability (Weeknights/Weekends/Pre-Scheduled Vacations etc.):

Lacrosse History (List teams and dates with team):

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RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

My child/ward, _____, being allowed to participate in any way in the events and activities of the Carson Youth Programs, Inc, d/b/a Carson Capitols Lacrosse, undersigned acknowledges, understands, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1. FOR MYSELF, SPOUSE AND/OR GUARDIAN, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Carson Youth Programs, Inc, d/b/a Carson Capitols Lacrosse; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Dated: _____, 2020

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

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(PARTICIPANT SIGNATURE)

(PRINT NAME)

Player Name: _____ (“Player”)

I, the parents or legal guardians of the above named player hereby give my consent and approval to the Player’s participation in any and all activities associated with Carson Youth Programs, Inc., a Nevada non-profit cooperative corporation without stock, d/b/a Carson Capitols Lacrosse (“Carson Capitols”) and any facility used by Carson Capitols, without limitation, Carson Capitols, the Nevada System of Higher Education, on behalf of Western Nevada College (hereafter “WNC”) and Carson City (“Carson City”), including, without limitation baseball practices, games, scrimmages, transportation to and from such activities, and overnight stays for such activities (“Activities”). The risk of injury and/or illness involved in the Activities is significant, including the potential for permanent injuries, illnesses, paralysis, and death. Therefore, for good and valuable consideration, including the opportunity to participate in the Activities, I agree as follows:

1. I agree to inform Carson Capitols, WNC, and Carson City of any and all physical conditions that may increase the risk of injury or hinder the performance of the Player as such conditions occur. In addition, I agree to immediately inform Carson Capitols, WNC, and Carson City if the Player has exhibited symptoms of COVID-19 or other communicable disease (“Communicable Disease”) or has been exposed to any person who is suspected of having a Communicable Disease.
2. In the event of accident, injury, illness, or disease to the player during the Activities, Carson City, WNC, and Carson City will make a reasonable effort to contact me prior to the Player receiving medical attention. However, if contact cannot be made, or medical care must be rendered before contact can be made or attempted, I authorize and approve Carson Capitols, WNC, and Carson City to seek medical care for the Player. I agree to assume complete financial responsibility for any medical expenses incurred for treatment of the Player arising from participating in the Activities.
3. To the fullest extent allowed by law, I assume all risks, both known and unknown, of the Player participating in the Activities, and hereby release, waive, discharge, and covenant not to sue Carson Capitols, WNC, and Carson City, and its officers, directors, employees, agents, members, manager, coaches, organizers, sponsors, volunteers, any owners or operators of facilities used for the Activities, and any person transporting the Player to and from the Activities (“Releasees”), from any personal injury, death, Disease, property damage, claim, expense (medical, dental, or other) or liability arising from, or related to,

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participation in the Activities, whether caused by the negligence, active or passive, of the Player, Releasees or otherwise (“Claims”).

4. To the fullest extent allowed by law, I agree to assume complete financial responsibility for any Claims by third parties against the Releasees which arise from, or are related to the Player’s participation the Activities, including those arising from any intentional or negligent act of the Player while participating in the Activities. I also agree to the fullest extent allowed by law, to defend, indemnify and save and hold harmless the Releasees from any Claims by third parties against the Releasees which arise from, or relate to, the Players participation in the Activities, whether caused in whole or in party by the active or passive negligence of the Releasees.

5. I agree that this agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Nevada and California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned therefore, expressly and knowingly waives all rights under California Civil Code, Section 1542, which provides: “A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.”

ACKNOWLEDGMENT BY PARENTS AND/OR LEGAL GUARDIANS OF YOUTH PARTICIPANTS: By signing this agreement, I represent and warrant : (1) I am the parent or legal guardian of the Player; (2) The Player is under the legal age of eighteen (18) years old and/or has not been legally emancipated; (3) I have read this agreement and understand its terms; (4) I sign this agreement freely and voluntarily without any inducement; (5) this agreement is the entire agreement between the parties with respect to the subject matter hereof and supersedes all prior and contemporaneous oral and written agreements and discussions; and (6) This agreement shall inure to the benefit of and shall be binding on myself, the Player and each of their heirs, representatives, assigns and beneficiaries.

Dated: _____

PARENTS/GUARDIANS

SIGNATURE PARENT 1 _____

SIGNATURE PARENT 2 _____

PRINT NAMES _____

PLAYER REGISTRATION FORM

Dated: _____

PLAYER SIGNATURE _____

I, _____, give the Carson Youth Programs, Inc, d/b/a Carson Capitols Lacrosse, permission to use my child's name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the Carson Youth Programs, Inc, d/b/a Carson Capitols Lacrosse activities. I agree that the Carson Youth Programs, Inc, d/b/a Carson Capitols Lacrosse have complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the Carson Youth Programs, Inc, d/b/a Carson Capitols Lacrosse missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release the Carson Youth Programs, Inc, d/b/a Carson Capitols Lacrosse and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to the Carson Youth Programs, Inc, d/b/a Carson Capitols Lacrosse to use my name and likeness to promote the Carson Youth Programs, Inc, d/b/a Carson Capitols Lacrosse program and/or their activities.

Signature

Date

Parent / legal guardian (if age 17)

Date

I do not give my consent to the Carson Youth Programs, Inc, d/b/a Carson Capitols Lacrosse to use my name and likeness to promote the Carson Youth Programs, Inc, d/b/a Carson Capitols Lacrosse program and/or their activities.

Signature

Date

Parent / legal guardian (if age 17)

Date

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All members of Carson Capitols Lacrosse have an important role to play in keeping our fellow players and the Carson City community safe by doing our part to stop the spread of COVID-19. As a member of Carson Capitols Lacrosse, I know that I must take steps to stay well in order to protect others and promote a safe return to the team for all Carson Capitols players. Because of this, I pledge to take responsibility for my own health and help stop the spread of the COVID-19.

Carson Capitol's highest priority is the safety of its players, coaches, and visitors. I know that by engaging in sports activities, including attending practices, events, and games, I may be exposed to COVID-19 and other infections. I also understand that despite all reasonable efforts by the team's supervisors, I can still contract COVID-19 and other infections. In order to reduce my risk, I agree to be an active participant in maintaining my own health, wellbeing and safety, as well as the safety of others, by following all the guidelines and expectations outlined by the team supervisors.

As more information is gathered and known, I understand that Carson Capitols may modify these guidelines and expectations. Is it my responsibility to make every effort to keep myself apprised of the changes to protect myself and Carson Capitols members.

It is my Carson Capitols Pledge to protect myself, my peers, and the Carson Capitols team by doing the following:

- Agree to testing for COVID-19 and potential subsequent self-quarantining if I am identified as a contact of anyone who has been determined to be positive for COVID-19.
- If I test positive for COVID-19, I agree to self-quarantine in a designated location until:
 - My symptoms have resolved, and
 - It has been at least ten days since the start of my symptoms, and
 - I have a negative COVID-19 test result.
- Timely report any known or potential exposures to COVID-19 to the Athletic Training Staff.
- Monitor for the following symptoms:
 - A fever of 100.4°F or higher
 - Respiratory symptoms, such as dry cough or shortness of breath
 - Sore throat
 - Headache
 - Body aches
 - Chills
 - Loss of taste or smell
 - Please note that up-to-date symptoms can be found at:
<https://wexnermedical.osu.edu/features/coronavirus/patient-care/symptoms-and-prevention>
- If I develop the above symptoms, to contact my athletic trainer, and to follow the medical staff's instructions which may include being tested for COVID-19 and self-quarantining while the test results are pending, and/or being evaluated by the Athletic Training Staff.

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- Stay at home if I am feeling sick.
- Get a flu vaccination.
- Participate fully and honestly with the Athletic Training Staff for contact tracing to determine whom I might have potentially exposed to COVID-19.
- Wear a mask for the appropriate PPE in all public spaces.
- Practice physical distancing as much as possible.
- Frequently wash and/or sanitize my hands.
- Keep my personal space, shared common space, and my belongings clean.

I understand COVID-19 is a highly contagious virus and it is possible to develop and contract the COVID-19 disease, even if I follow all of the safety precautions above and those recommended by the CDC, local health department, and others. I understand that although the team faculty is following the coronavirus guidelines issued by the CDC and other experts to reduce the spread of infection, I can never be completely shielded from all risk of illness caused by COVID-19 and other infections.

I have read, understand, and agree to comply with my Carson Capitols Pledge above. I also acknowledge that these expectations and pledge are a condition of my participation in Carson Capitols Athletics and that any failure to comply with my Carson Capitols Pledge above may lead to immediate removal of athletic participation privileges and/or the inability to use Athletics facilities.

I take my Carson Capitols Pledge seriously and will do my part to protect the Carson Capitols team.

 PLAYER SIGNATURE

 DATE

 PARENT/GUARDIAN

 DATE