



2022 FALCON GIRLS LACROSSE GRADES 3-8 REGISTRATION PACKET

Registration Runs: February 15 – March 6

(\$10 late fee starting March 7, \$20 starting March 14)

Open to Wilbraham/Hampden Residents and School Choice Students

Travel to other towns will be required

- **Program Registration fee (\$100 Wilbraham residents / \$125 non-residents)**
- **FGLA fees (\$25, separate check made out to FGLA required)**
- **Late fees will be assessed starting March 7**
- **Registration is online, in person, or by mail**
(WPRD - 45C Post Office Park - Wilbraham, MA 01095)



IMPORTANT INFORMATION

Practice/Game Policy

Falcon Girls Lacrosse Association (hereinafter called "FGLA") in conjunction with the Wilbraham Parks & Recreation Department (hereinafter called "WPRD") have adopted the following policy for FGLA players that miss practices and or games due to unexcused absences.

It is the intention of FGLA to promote fair play and equally playing time for all lacrosse players. With this in mind it is important that all lacrosse players attend practices and games for their own self-improvement but also to be current with team strategies, offensive plays and various other team taught concepts.

FGLA defines unexcused absence as missing a practice or game due to a player's participation in another sport or a player's failure to attend a practice or game for no reason. FGLA defines excused absence as a player missing practice or a game due to a school related function, illness, or family emergency. The player or player's parent will need to notify player's respective coach by phone, text or e-mail of the reason the player cannot attend practice or the game prior to said practice or game. A player will not be penalized for an excused absence.

Should a player have an unexcused absence then the following policy shall take effect:

1. Player misses one practice prior to a game, that player will not start the following game;
2. Player misses two practices prior to a game, that player will not play the first half of the next game;
3. Player misses three consecutive practices prior to a game, that player will not play in the next game;
4. Player misses a game, that player will not play the first half of the next game.
5. Player misses' two consecutive games, that player will not play in the next game.

FGLA main goals are for each player in the program to have fun and to improve their lacrosse skills. However, for each player to improve and learn the game of lacrosse, attendance at practice is critical. Please see the FGLA website (<http://www.fglalax.com/>) for more information.

WINTER CLINICS

Two winter clinics will be held on Wednesdays on March 23 and March 30
6:00p.m. – 7:00pm @ Soccer City – 2041 Boston Rd., Wilbraham
Cost for the clinics is \$10.00 per session

GO FALCONS!

Falcon Girls Lacrosse Association



2022 GIRLS LACROSSE REGISTRATION (Grades 3-8)

Registration: February 15 – March 6 (\$10 late fee starting March 7, \$20 starting March 14)

NAME: _____ D.O.B. ____/____/____ AGE: _____ GR: _____

ADDRESS: _____ HOME PHONE: _____

PARENT NAME: _____ CELL: _____

PARENT NAME: _____ CELL: _____

EMAIL ADDRESS #1 _____ EMAIL ADDRESS #2 _____

Coaches communicate primarily through email, please check yours daily* *Parent is responsible for informing their coach(es) of any relevant allergy or restrictions

❖ **DOES PLAYER PARTICIPATE IN OTHER SPRING SPORTS? YES / NO - WHICH ONES?** _____

❖ **COACHING INTEREST? YES / NO HEAD/ ASST MOM OR DAD? OTHER? NAME:** _____ **CELL:** _____

❖ **Volunteer Time to the Association? YES/ NO Mom or Dad? Other? NAME:** _____ **CELL:** _____

PLEASE CHECK THE PROGRAM YOU ARE REGISTERING FOR (Includes both registration and FGLA fees)

- BANTAM GIRLS (GR. 3/4)** Wilbraham Residents \$100.00 Hampden Residents /School Choice: \$125.00
- JUNIOR GIRLS (GR. 5/6)** Wilbraham Residents \$100.00 Hampden Residents /School Choice: \$125.00
- SENIOR GIRLS (GR. 7/8)** Wilbraham Residents \$100.00 Hampden Residents /School Choice: \$125.00

Players responsible for stick, mouth guard and goggles.

PLEASE READ THE FOLLOWING CAREFULLY:

WAIVER: I, the undersigned parent and/or guardian of _____, a minor, on the date of _____, do hereby consent to my child's participation in voluntary recreational programs of the Town of Wilbraham. I agree not to sue and also agree to forever release the Town of Wilbraham, and the H.W. School District their servants, officers, officials, employees, agents and ("the releasees") assisting or participating in voluntary recreational programs of the Town of Wilbraham from any and all claims, rights of action and causes of action that may arise in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Wilbraham voluntary recreational programs.

I also promise, to indemnify, defend, and hold harmless the releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Wilbraham voluntary recreational programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my

child and I are free to choose not to participate in said programs. By signing this form, I affirm that I have decided to allow my child to participate in

the Town of Wilbraham's athletic recreational programs with full knowledge that the releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town of Wilbraham recreational programs.

WPRD Rec programs do not allow for participation in same-sport leagues

- **REFUND POLICY:** If you notify the WPRD prior to the end of the registration period, you will receive a refund minus a \$5.00 administrative charge.

Because the decision to maintain a program is based on the enrollment, no refunds will be given once registration has ended.

- **RELEASE:** For promotional purposes photos/videos may be taken of my child and put on the WPRD or other websites or in printed material. I understand it is my responsibility to notify the WPRD in writing prior to the start of the season as well as coach and photographer if my child is **not** to be photographed.

- **LATE FEES:** Late fees are implemented to encourage registration is done by the designated date so our Dept. can order supplies, for teams and assign coaches, etc. in order to get the program running on time.

- **Parent is responsible for informing coach(es) about relevant allergies/restrictions***

I have read, understand and agree to all of the above information.

DATE: _____

SIGNATURE OF PARENT/ GUARDIAN REQUIRED

MAKE CHECKS PAYABLE TO: THE TOWN OF WILBRAHAM

DATE: _____ TOTAL PAID: _____ CHECK # _____

Wilbraham Parks & Recreation Program - Adult Code of Conduct Contract

I hereby pledge to provide positive support, care and encouragement for my child and other children participating within this program by following this Code of Ethics to help establish a positive experience for all players, coaches, and families involved.

- I will encourage and demonstrate by example the importance of good sportsmanship and positive support for all players, coaches, and officials at practices and games.
- I will place the emotional and physical well being of my child over my personal desire to win.
- I will assist in a drug, tobacco and alcohol-free environment.
- I will assist in teaching my child that rules are important and must be followed.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I understand that verbal and physical abuse including profanity and foul language is not to be tolerated against anyone in this organization.
- I understand that racial epithets or negative innuendo related to a person/players race, religion or ethnicity will not be tolerated.
- I will respect all officials, coaches and volunteers.
- I will not approach a coach, before, during or after a game, and I will wait 24 hours before speaking with a coach.
- I will not create conflict by slander, malicious rumors or threats, nor will I entice others to do so either verbally or through social media

****IMPORTANT NOTICE****

I understand that both my son or daughter and I will be fully committed (attending practices and games) and supportive of the Wilbraham Program.

It is the expectation of this Commission that both parent and coach should always act in a manner exemplifying the vary attributes that are instilled in the participants by various programs of the Wilbraham Parks & Recreation Department. We expect parents to treat others as you know they should be treated and as you wish them to treat you.

At no time should a parent or coach confront each other before, during or after a contest or practice. Furthermore any such contact in the presence of children will call for immediate sanction by the Commission.

Any concern(s) between parent and coach should follow the guidelines established by the agreement where:

1. Concerns are brought to the attention of the Director of the Wilbraham Parks and Recreation.
2. Parties will be allowed to speak with the Director.
3. Should the Director and Party(s) reach an impasse, this matter shall than be presented to the Commission.
4. Each Party shall be given an opportunity to present the matter before the Commission.
5. Once each Party has presented, the Commission shall within a specified time announce its decision

The Commission strongly discourages the use of any social media to broadcast thought and judgments which may bring hurt upon any/all involved. Broadcasting disparaging remarks and opinions (directly or indirectly) about a coach, parent or athlete are strongly discouraged by the Commission.

It is the hope that the execution of this document will discourage any/ all behavior which may be detrimental to the children and citizens of the Town of Wilbraham.

By signing below, I understand that if I violate any of these Codes of Ethics it will affect my/our participation in any activity for not less than the balance of the current season, or as determined by the Wilbraham Recreation Department and/or Commission.

Your signature constitutes acknowledgement by both spouses/guardians/step parents of agreement to abide by the rules and regulations stated above.

Signature: _____

Print Name: _____ Date: _____

Player Name(s) _____ Grade: _____

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in Town of Wilbraham Parks & Recreation Department programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. 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 participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. In addition to general risks of participation, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. Town of Wilbraham Parks & Recreation Department seeks to limit the spread of COVID-19 by requiring that participants stay home if they: 1) are sick, 2) are feeling any symptoms of COVID-19 as identified by the CDC (such as cough, shortness of breath or difficulty breathing, fever, chills, or new loss of taste or smell), 3) have a fever of 100°F or above, 4) are suspected of having COVID-19 or 5) had recent exposure to someone with a suspected or confirmed case of COVID-19. By signing below, I acknowledge that I will abide with these requirements to self-monitor and will take my temperature and my child(ren)'s temperature prior to participation. On behalf of myself and my family - we agree to adhere to all state, local, and other guidelines in place designed to keep people safe. I understand that Town of Wilbraham Parks & Recreation Department is not monitoring whether I or other participants comply with this requirement.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Town of Wilbraham, Town of Wilbraham Parks & Recreation Department, their officers, officials, agents, and/or employees, 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 ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____ Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____ Date signed: _____

FALCON GIRLS LACROSSE ASSOCIATION

2022 User Fee Agreement

The FGLA requires a \$25.00 fee this season to cover general operating expenses
\$25.00 check made out to FGLA is required at time of registration

Parent/Guardian signature

Player's name(s)

Player's Grade