

2025 FALCON GIRLS LACROSSE GRADES K-8 REGISTRATION PACKET

Registration Runs: January 8th – March 3rd (\$10 late fee starting March 4, \$20 starting March 18)

Open to Wilbraham/Hampden Residents and School Choice Students

Travel to other towns will be required

- REGISTRATION IS AVAILABLE ONLINE AND IN PERSON AT THE OFFICE
- Program Registration fees below. Late fees will be assessed starting March 4th.
 - Mites Grade K (\$125 Wilbraham and Hampden residents / \$150 non-residents)
 - Lightning Grades 1-2 (\$150 Wilbraham and Hampden residents / \$175 non-residents)
 - Bantams Grades 3-4 (\$175 Wilbraham and Hampden residents / \$200 non-residents)
 - Juniors Grades 5-6 (\$200 Wilbraham and Hampden residents / \$225 non-residents)
 - Seniors Grades 7-8 (\$200 Wilbraham and Hampden residents / \$225 non-residents)
- Custom uniform included in registration fee for Bantam/Junior/Senior Level. Players can keep their uniforms after the season
- Mites/Lightning will receive a stick and custom shooter shirt included with registration fee. Players can keep both items after the season
- Season begins early April or when fields are open

Please make sure you have the following required forms and checks if registering in office:

- € \$125/\$150/\$175/\$200 Registration Fee
 - Check to Town of Wilbraham
- **€** Complete Registration Form

Winter Clinic Information:

- --BANTAMS, JUNIORS, SENIORS Three clinics will be held on Tuesday March 4th, Tuesday March 11th, and Tuesday 18th
- --4:30-5:30 PM @ Soccer City 2041 Boston Road, Wilbraham. Back Indoor Field #3
- --Cost for the clinics is \$20.00 per session





2025 GIRLS LACROSSE REGISTRATION (Grades K-8)

Registration: January 8 – March 3 (\$10 late fee starting 3/4, \$20 starting 3/18)

NAME:		_ D.O.B	/	/	AGE:	GR:	
ADDRESS:	DRESS: HOME PHONE:						
PARENT NAME:	CELL: CELL: _EMAIL ADDRESS #2						
Coaches communicate primarily through e	mail, please check yours daily	y *Parent is	responsi	ble for infor	ming their co	ach(es) of any releva	nt allergy or restrictions*
❖ DOES PLAYER PARTICIPATE IN OTHER SPRING SPORTS? YES / NO - WHICH ONES?							
❖ COACHING INTEREST? YES / NO	D HEAD/ ASST MOM	OR DAD? C	THER?	NAME:		CELL:	
❖ Volunteer Time to the Associat	ion? YES/ NO Mom o	or Dad? O	ther?	NAME:		CELL:	
PLEASE CHECK THE PROGRAM YOU ARE REGISTERING FOR							
 ☐ MITES GIRLS (GR. K) ☐ LIGHTNING GIRLS (GR. 1/2) ☐ BANTAM GIRLS (GR. 3/4) ☐ JUNIOR GIRLS (GR. 5/6) ☐ SENIOR GIRLS (GR. 7/8) Players responsible for stick (Mites-Ligwww.usalacrosse.com/equipment) 		den Residei den Residei den Residei den Residei	nts \$15 nts \$17 nts \$20 nts \$20	50.00 75.00 00.00 00.00	Non Res Non Res Non Res	sident: \$150.00 sident: \$175.00 sident: \$200.00 sident: \$225.00 sident: \$225.00	pment guide:
PLEASE READ THE FOLLOWIN WAIVER: I, the undersigned parent and consent to my child's participation in we release the Town of Wilbraham, and the participating in voluntary recreational parise in the past, or may arise in the fut participation in the Town of Wilbraham I also promise, to indemnify, defend, and have been asserted in the past, or may damage resulting from my child's participation and Release Form and that I unvoluntary and that my child and I are free to choose not to pain the Town of Wilbraham's athletic recreproperty damage my child or I may suff *WPRD Rec programs do not allow - REFUND POLICY: If you notifiy the Wicharge. Because the decision to maintain a pinch REFEASE: For promotional purposes material. I understand it is my responsible for informing of the Parent is res	Jor guardian of	grams of the eir servants, or Wilbraham from person rograms. asees against, directly or in this form. If the registration rollment, no ken of my child in writing properties allergies/reservants.	Town of officers, om any and injuring any and indirectly untary runderst whis form that the creation refunds and period refunds by the delee.	Wilbrahar officials, e and all clai es to my claim all legal control of the contr	m. I agree no mployees, a ms, rights or nild or proper laims and prom personal I programs. The child's part and the last I have downs. The ceeive a refuse once regular and the season in the season	ot to sue and also a gents and ("the re f action and causes erty damage resulti roceedings of any of I injuries to my chil I further affirm the rticipation in these ecided to allow my iable to anyone for und minus a \$5.00 gistration has ende her websites or in p as well as coach an	agree to forever leasees") assisting or s of action that may ing from my child's description that may ld or property at I have read this e programs is y child to participate r personal injuries and administrative ed. orinted ind
I have read, understand and agree to all of the above information. DATE:							
SIGNATURE OF PARENT/ GUARDIAN REQU	IRED				DAI	E	
DATE:_	MAKE CHECKS PAY	YABLE TO: THE	E TOWN		HAM HECK #		

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:
Plaver Name(s)	Grade:

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

Name of participant:

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.

Participant signature:	_Date signed:				
FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)					
provisions in this waiver/release to my child/responsibilities for adhering to the rules and r child/ward understands and accepts these risagree to his/her release provided above for all indemnify and hold harmless the Releasees for	th legal responsibility for this participant, have read and explained the ward including the risks of presence and participation and his/her personal regulations for protection against communicable diseases. Furthermore, my ks and responsibilities. I for myself, my spouse, and child/ward do consent and I the Releasees and myself, my spouse, and child/ward do release and agree to r any and all liabilities incident to my minor child's/ward's presence or love, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided				
Name of parent/guardian:	•				
Parent guardian/signature:	_Date signed:				