



2017 Town of Washington Recreation Millbrook Lacrosse Club

TOWN OF WASHINGTON RECREATION COMMISSION PROGRAM ELIGIBILITY and ADMINISTRATION OF FEES

Town of Washington Recreation programs are open only to residents of the Millbrook Central School District. The Town Recreation programs are generously supported by taxes levied by the Town of Washington, not the School District. For the purposes of administering program fees, there are two categories of residency. Town of Washington Resident (TOWR) – Resides within the boundaries of the Town of Washington. Millbrook Central School District Resident (MCSDR) – Resides within the boundaries of the Millbrook Central School District but OUTSIDE the boundaries of the Town of Washington.

OUTSTANDING BALANCES: Must be paid in full before participation in subsequent programs will be allowed. If experiencing financial challenges, please call the Recreation Office to set up a payment plan. This information is considered confidential.

REFUNDS/CREDITS: In the event a program is cancelled, a full refund will be issued to all registered participants. Refunds also may be given, at the request of a participant, up to one week prior to the start of a program. A \$25 administrative fee will be deducted from the refund for all programs. If refunds are requested after a program has begun, refunds will be issued at the discretion of Recreation personnel.

Deadline: January 31, 2017

Late Deadline: February 15, 2017 with \$25 late fee per child

Fees: Resident \$ 150, Non-Resident \$ 175

Please see above to determine if you are considered a resident/nonresident.

1) In order to participate, please fill out the registration form in its entirety. A copy of your USA Lacrosse membership must be submitted with this registration form. Information on membership is listed below. Your registration will not be complete until both registration and USA membership forms are submitted to our office.

Checks payable to: T.O.W. Recreation: Mail To: PO BOX 970 Millbrook NY, 12545

2) Teams will be divided by grade level. **Boys:** Grades 2,3 & 4; 5 & 6; 7 & 8.
Girls: 3 & 4; 5 & 6; 7 & 8.

3) The season runs from April through mid-June.

4) Teams will practice one or two times a week, and have games on weekends.

5) Coaches will contact participants mid-March through email or they will call the main number you listed on the registration form.

6) Please note: The Town of Washington Recreation does not run this program, and our staff will not be on site during games. Our teams are a part of the Hudson Valley Lacrosse. We will continue to enforce our philosophy and code of conduct amongst our teams.

7) All registrations are due January 31, 2017. Late registrations will be accepted through February 15, 2017 with a \$25 late fee per child, **if spots are still available.**

8) All participants must register directly with USA Lacrosse at www.usalacrosse.org Click on membership and select the tab that says renew or join. No child will be allowed to practice or participate in games until this process is complete. **Attach proof of registration to this form.**

2017 Millbrook Lacrosse Club

(PAGE 1 of 3)

NAME: _____
(LAST) (FIRST) (M.I.)

PARENT/GUARDIAN NAME: _____

MAILING ADDRESS: _____

TOWR/MCSDR PHYSICAL ADDRESS: _____

PLEASE CHECK ONE: RENT OWN PROPERTY

I DO FULLY UNDERSTAND THAT I MUST BE A RESIDENT OF THE MILLBROOK SCHOOL DISTRICT AND/OR THE TOWN OF WASHINGTON, OR OWN PROPERTY WITHIN THE TOWN OF WASHINGTON TO PARTICIPATE IN THESE PROGRAMS. IF, AT A LATER TIME, IT IS FOUND THAT I AM NOT A RESIDENT, OR DO NOT OWN PROPERTY WITHIN THE TOWN, I MAY BE REQUIRED TO FORFEIT ALL PAYMENTS FOR PROGRAMS TO THE TOWN OF WASHINGTON AND WILL NOT BE ABLE TO PARTICIPATE. _____ INITIAL HERE

SELECT ONE: Town of Washington Resident Millbrook Central School District Resident

*see cover page for explanation

TELEPHONE:(____)_____ CELL: (____)_____

FAMILY E-MAIL ADDRESS: _____

EMERGENCY NAME & TELEPHONE #: _____

PARTICIPANT'S: AGE _____ GRADE _____ DATE OF BIRTH _____
(AS OF SEPT. 2016) MM/DD/YY

PARTICIPANTS USA LACROSSE MEMBERSHIP ID#: _____

DID PLAYER PARTICIPATE LAST YEAR? _____

WOULD YOU LIKE TO COACH OR ASSIST _____

SPECIAL NEEDS/MEDICAL CONCERNS & ALLERGIES _____

Receipt: [Office Use Only]

**TOWN OF WASHINGTON RECREATION COMMISSION
RELEASE & CONSENT FORM
(PAGE 2 OF 3)**

LAST NAME _____
EMERGENCY NAME AND TELEPHONE # _____

RELEASE/HOLD HARMLESS

AS IN ANY RECREATIONAL ACTIVITY, THERE ARE SOME INHERENT RISKS, AND INJURY MAY OCCUR. I HEREBY RELEASE AND DISCHARGE THE TOWN OF WASHINGTON, ITS AGENTS, EMPLOYEES, AND APPOINTED OFFICIALS, VOLUNTEERS, COMMISSIONS OR ASSOCIATIONS FROM ANY AND ALL CLAIMS OR ACTIONS FOR LOSSES, DAMAGES OR PERSONAL INJURIES TO MYSELF OR MY CHILD WHICH MAY OCCUR OR ARISE OUT OF MY OR MY CHILD'S PARTICIPATION IN ANY OF THE TOWN OF WASHINGTON RECREATION COMMISSION PROGRAMS OR ACTIVITIES IN WHICH I HAVE REGISTERED.

I DO ALSO REALIZE THAT THERE IS NO MEDICAL INSURANCE COVERAGE OFFERED THROUGH THE TOWN. ALL MEDICAL INJURIES THAT MAY OCCUR ARE THE SOLE RESPONSIBILITY OF THE PARTICIPANT/PARENT/GUARDIAN.

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

I AUTHORIZE THE PROGRAM DIRECTOR/INSTRUCTOR TO GRANT CONSENT FOR EMERGENCY MEDICAL TREATMENT, DIAGNOSTIC TESTS AND PROCEDURES, ANESTHESIA, HOSPITAL CARE AND MEDICAL AND SURGICAL TREATMENT TO BE RENDERED TO MYSELF/CHILD UNDER THE GENERAL OR SPECIAL SUPERVISION AND ADVICE OF A PHYSICIAN WHEN EFFORTS TO CONTACT YOU OR YOUR EMERGENCY CONTACT ARE IMPOSSIBLE OR IMPRACTICAL.

NAME OF PARTICIPANT: _____ Date: _____

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: _____

PHOTO RELEASE

THE RECREATION DEPARTMENT HAS MY PERMISSION TO USE MY OR MY CHILD'S PHOTOGRAPH PUBLICALLY TO PROMOTE THE RECREATION DEPARTMENT. I UNDERSTAND THAT THE IMAGES MAY BE USED IN PRINT PUBLICATIONS, ONLINE PUBLICATIONS, PRESENTATIONS, WEBSITES, AND SOCIAL MEDIA.

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: _____

**TOWN OF WASHINGTON RECREATION COMMISSION
CODE OF CONDUCT**

Page 3 of 3

The Town of Washington Recreation Commission has created this Code of conduct to improve our programs for players, coaches, officials, and spectators. Please read and sign where appropriate.

Participant

Thank you for participating in the Town of Washington Recreation programs. As a participant in the Town of Washington sports program, I understand that I must follow the rules listed below to remain in good standing. Failure to comply with these rules may result in disciplinary action, at the discretion of Recreation personnel, up to and including dismissal from a team/program.

- I will respect the game, its rules and regulations, officials, and my coaches, teammates and opponents.
- I will play the game fairly.
- I will demonstrate good sportsmanship at all times.

Participant's Signature: _____ Date: _____

Parent/Guardian

Thank you for registering your child in the Town of Washington Recreation programs. As a parent/guardian of a participant, we ask for your compliance in the following areas. Failure to comply with these rules may result in disciplinary action, at the discretion of Recreation personnel, up to and including your child's dismissal from a team/program.

I agree to,

- have a meaningful conversation with my child and sincerely gauge their interest in participating in the program before I register him/her;
- be respectful of Recreation personnel, coaches and officials;
- be committed to having my child at all practices and games and have them there on time;
- communicate with the coach when my child is unable to attend a practice or game;
- encourage good sportsmanship by demonstrating positive support for all players on all teams, and for coaches and officials at practices/games.;
- be enthusiastic about my child's participation in the program.
- remember that the game is for the children.
- place emphasis on sportsmanship, teamwork and development of skills; and
- adhere to all parking regulations at Recreation facilities.

Parent/Guardian Signature: _____ Date: _____

Coach

Thank you for agreeing to coach in the Town of Washington Recreation programs. Volunteers are the backbone of our programming and we could not do it without you ! As a coach in our programs, we ask for your compliance in the following areas. Failure to comply with these rules may result in disciplinary action, at the discretion of Recreation personnel, up to and including dismissal from your position.

I agree to,

- be respectful of game rules; Recreation personnel, other coaches, players, officials, parents/guardians and spectators;
- be committed to being at all practices and games;
- communicate with my team regarding practice and game times;
- encourage good sportsmanship by demonstrating positive support for all players on all teams, for coaches and officials at practices/games;
- remember that the game is for the children;
- place emphasis on sportsmanship, teamwork and development of skills, not on winning and losing; and
- adhere to all parking regulations at Recreation facilities.

Coach's Signature: _____ Date: _____