

# QUAKER VALLEY MIDDLE SCHOOL GIRLS' LACROSSE CLUB

("QV Girls Lacrosse Association")

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## Spring 2019 Registration Packet

**Deadline: February 15, 2019**

*Open to all 7th and 8th grade girls.*

Practices start Wednesday, March 6th at 5:30 and run Monday through Thursday. Games start the week of April 1st and will be on weekday evenings and on weekends, depending on home and opponent field availability. Bussing is NOT provided. Upon registration, you will be added to Team Snap for practice, game, and tournament schedules.

Please complete and return the following:

- QV Girls' Lacrosse Association Membership Form
- Proof of U.S. Lacrosse membership through May 2019 at a cost of \$30. One of the following is required: photocopy of the membership card; or a print-out that you can obtain from the U.S. Lacrosse website. Apply or renew at [www.uslacrosse.org](http://www.uslacrosse.org).
- Team Rules Signature Page (signed by both player and guardian)
- Volunteer Form
- Check Payable to "QV Girls' Lacrosse Association" in the amount of \$260
  - The player fee covers the cost of coaches, league fees, officials, EMTs, team equipment, field maintenance, etc.
  - Assistance is available as we do not want finances to be a barrier. Email Dorothy Getty at [gettydm@yahoo.com](mailto:gettydm@yahoo.com) for more information.
- Check payable to "QV Girls' Lacrosse Association" in the amount of \$60 as a deposit for the lacrosse uniform, which will be returned uncashed when the uniform is returned.

Send complete registration packet and check by February 15th to:

Dorothy Getty  
226 Orchard Lane  
Sewickley, PA 15143

Additionally, each girl must have a current PIAA physical form on file with Nurse Tuite.

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## Spring 2019 Membership Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
US Lacrosse # \_\_\_\_\_ Expiration (month/year): \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (including area code): \_\_\_\_\_  
E-mail Address (Parent): \_\_\_\_\_ (Player): \_\_\_\_\_

Uniform size (circle): Top: S M L Bottom: S M L

Mother's Name: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Does your daughter have a current PIAA physical on file with Nurse Tuite? Yes No

List any Medical Condition or Prohibition Player Has:

\_\_\_\_\_  
\_\_\_\_\_

Person to Notify in Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor to Notify in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

### Parental Consent:

I, the parent/guardian of the Registrant, a minor, agree that I and the Registrant will abide by the rules of the QV Girls Lacrosse Association, its affiliated organizations and sponsors.

Recognizing the possibility of physical injury associated with lacrosse and in consideration of QV Girls Lacrosse Association accepting the Registrant for its lacrosse programs and activities, I hereby release, discharge, and/or otherwise indemnify the QV Girls Lacrosse Association, its affiliated organizations and sponsors, the Quaker Valley School District and associated personnel, including the owners of fields and facilities utilized for the lacrosse programs and activities, against any claim by or on behalf of the Registrant as a result of the Registrant's participating in the lacrosse programs and activities and/or being transported to or from the same, which transportation I hereby authorize.

Name of Parent/Legal Guardian: \_\_\_\_\_

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

### Consent for Medical Treatment

As the parent or legal guardian of the above-named player, I hereby give consent for emergency care prescribed by a duly licensed EMT, Athletic Trainer, Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent/Registrant.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## Spring 2019 Volunteer Opportunities

Quaker Valley Girls' Lacrosse Association is a club organization and is not supported financially or physically by the Quaker Valley School District. The club can only function with the volunteer help and support of all parents in the various capacities. Volunteers devote countless hours to organize and supervise the functions of the organization for the players. All timing and scorekeeping of games is provided by volunteer parents.

Already filled for Spring 2019 are:

Team Manager: Dorothy Getty

However, the following volunteer opportunities are still available for Spring 2018. Please provide your contact information and indicate areas where you can volunteer and return form as a part of the registration packet:

Name: \_\_\_\_\_ Player's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

|   |     |    |
|---|-----|----|
| Treasurer:                              | Yes | No |
| Home Game Scorekeepers:                 | Yes | No |
| End of Season Party Host:               | Yes | No |
| Tournament Coordination, if Applicable: | Yes | No |
| Coaches Gifts:                          | Yes | No |
| Fundraising:                            | Yes | No |

# Quaker Valley Middle School Girls' Lacrosse Club

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## Team Goals / Rules / Pledge

### Team Goals

Learn and demonstrate proper fundamentals, knowledge of and respect for the game.  
Play with a passion for Possession, Passing, Creating the Play, Protecting the Goal,  
Teamwork and Having Fun!

### Rules

- Give 100% at all times; mistakes are okay if we are giving 100% and trying to improve.
- Good and positive attitude, believe in yourself and your team.
- Treat the field well; our use of school facilities is a privilege.
- Maintain a "C" average grade or better; and no disciplinary problems at school.
- Attendance (on time) at school and practice.
- Respect (actions, words, attitude) coaches, referees, and teammates at all times.
- Never question or dispute (words or actions) referees' calls.
- Never bend the rules of the game.
- No fighting.

### Consequences

Disciplinary action may include any of the following:

- Extra running
- Forfeited playing time
- Suspension from game(s)
- Suspension or expulsion from team

Coaches shall have sole discretion in administering any of the disciplinary actions above.

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### **PLAYER PLEDGE:**

I have read and promise to play by our team rules at all times.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PARENT PLEDGE:**

I promise to explain to my daughter why the team rules are important. I will be a good role model for my daughter when I attend games. I will show respect for the officials, respect for the opponent, and encourage other parents to do the same.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_