

SUMMER LEAGUE

MUSTANG LACROSSE – JUNE 23 – JULY 28

Message from Coach Mann: “Lacrosse should always be a fun opportunity for your daughter, but we have reached the point where student-athletes who are serious with their involvement in high school lacrosse must pursue opportunities outside of the CIF season. I strongly recommend girls look into local training opportunities (Team OC, another club, and other college camps) in addition to participating in off-season leagues and camps with their Mustang teammates.”

Who: Returning Varsity/Junior Varsity Players (affiliated with other club teams or not)

Cost: \$45 with TH Summer Camp, \$60 without TH Summer Camp. Players must include camp registration with League registration for discount. The Summer League Fee helps to pay for fields, umpires, and equipment.

Time: Wednesdays (planned for 4:00pm to 8:00pm; June 23/30, July 7/14/21/28 – one game per week depending on the number of teams that register; byes may exist)

Where: Newport Ridge Park ([21181 Newport Coast Drive. Newport Coast, CA 92657](#))

What to include in registration:

- Registration Info Sheet
- Form B (if not included with Summer Camp Registration)
- Payment (payable to Trabuco Hills Girls' Lacrosse for Summer League; Summer Camp checks are paid to SVUSD)

Questions? If you have any questions, then please feel free to email or call Mr. Mann (scott.mann@svusd.org, 949-768-1934, trabucolacrosse.wordpress.com)

To register, please mail (or hand deliver to Coach Mann) the lower portion of this form and send a check (payable to “Trabuco Hills Girls' Lacrosse”) to:

Trabuco Hills High School
Attn: Girls' Lacrosse – Mr. Mann
27501 Mustang Run
Mission Viejo, CA 92691

All players must be current US Lacrosse members during summer league dates.

SUMMER LEAGUE REGISTRATION

Player's name

Parent name/email

Parent contact # Zip Code (used to verify US Lacrosse Membership)

Valid USL# Expiration Date (valid through July 28, 2010)

NOTE: SUMMER CONDITIONING FEES ARE NON REFUNDABLE

Physical Completed: _____

**SADDLEBACK VALLEY UNIFIED SCHOOL DISTRICT
SUMMER HIGH SCHOOL ATHLETIC PARTICIPATION FORM "B"**

STUDENT _____
Last First Middle Initial

SCHOOL _____ ACTIVITY _____

BIRTHDATE _____ GRADE _____

PARENT/GUARDIAN _____ TELEPHONE _____

ADDRESS _____
Street City Zip Code

FATHER'S PLACE OF BUSINESS _____ TELEPHONE _____

MOTHER'S PLACE OF BUSINESS _____ TELEPHONE _____

In the absence of a parent, please call the following person(s) in case of illness or accident:

Name	Relationship	Home Phone	Work Phone
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TO BE COMPLETED BY PARENT:

TRAINER CONSENT: I give permission for the Athletic Trainer to administer immediate first aid, follow-up treatment and rehabilitation when appropriate in his/her professional judgment as approved by the consulting physician. () YES () NO*

TREATMENT CONSENT: Should my son/daughter be injured, the school supervisor has my permission to secure on-the-spot medical treatment (the parent/guardian will be contacted as soon as possible for direction) and I will be responsible for payment of medical services rendered. In addition, I am aware of Education Code Section 35330 which provides that all persons making a field trip or an excursion are deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the trip or excursion. () YES () NO*

TRANSPORTATION: I give permission for my son/daughter to be transported to events that may require the use of private cars. These cars may be driven by a staff member, parent, or by the athlete driving alone in their own vehicle. The District requires proof of automobile insurance and driver's license. () YES () NO*

*If your answer is no, please advise the school as to what action you would like to be taken.

ACTION TO BE TAKEN _____

INSURANCE:

- A. My son/daughter is covered for this athletic activity under our Health/Medical Plan which provides minimum coverage, as required by Education Code Section 32221. Contact school office for copy of education code.
Name of Company _____ Policy Number _____
- B. I have school insurance on file. School Insurance Plan: _____
- C. WARNING: We realize there is a possibility that a child may suffer severe injuries, including permanent paralysis or death, as a result of participating in athletic activities.
- D. Under penalty of perjury the undersigned residents of California state that they are the parents, guardians or other person having legal custody of the minor.

RESIDENCY:

C.I.F Southern Section states that students may only attend the Summer Conditioning Program at the high school where they are enrolled.

NOTE: NO REFUNDS WILL BE GIVEN

DATE	SIGNATURE OF PARENT/GUARDIAN	SIGNATURE OF STUDENT
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