



## North Olympic Peninsula Youth Lacrosse

*Home of the Port Angeles | Sequim Mountaineers*

*Last revision: Feb. 2018*

### FOR RETURNING PLAYERS ONLY:

Player's Name:

Address, City, Zip:

E-Mail:

PLEASE INDICATE YOU UNDERSTAND THE FOLLOWING BY CHECKING THE APPLICABLE BOXES:

- Code of Conduct:** I have read, signed and have/will submit the original to my head coach before March 1, 2015, as required by WHSBLA.
- Concussion Waiver:** I have read, signed and have/will submit the original to my head coach before March 1, 2015, as required by WHSBLA.
- USLacrosse:** I am a current member of USLacrosse. Before my current membership expires, I will renew it and provide a copy of the renewal to my head coach, as required by WHSBLA.
- Physical:** I am aware that physicals are valid for 2 years. If my current physical expires, I will provide a copy of the new physical form (signed by my physician) to my head, as required by WHSBLA.
- Yes, I have been diagnosed with a concussion between May 2014 and January 2015? Date of diagnosis: \_\_\_\_\_.
- No, I have not been diagnosed with a concussion since May, 2014.

My current health is:

- \_\_\_ Excellent
- \_\_\_ Good (please explain): \_\_\_\_\_
- \_\_\_ Fair (please explain): \_\_\_\_\_

Be advised that I have the following medical condition(s): \_\_\_\_\_  
which may or may not affect my ability to play lacrosse.