



Member ID# (if renewing and known) \_\_\_\_\_ circle one: **Male** Female

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_  
\* Ensure you get all benefits by maintaining a current email address.

**STEP 1 - Select your membership category based on your age**

- Youth: 15 and under - not H.S. player.....\$25
- High School: 18 and under.....\$35
- Adult: Ages 18+.....\$50

**STEP 2 - Select all categories where you participate:**

(You must identify each category of participation to obtain insurance coverage for that category. There is no additional charge for multiple categories)

**PLAYER**

**COACH (Check all that apply)**

- |  |  |
|--|--|
| Men's  | Women's  |
| <input type="checkbox"/> Youth                       | <input type="checkbox"/> Youth                       |
| <input type="checkbox"/> HS Assistant for JV/Varsity | <input type="checkbox"/> HS Assistant for JV/Varsity |
| <input type="checkbox"/> HS JV Head Coach            | <input type="checkbox"/> HS JV Head Coach            |
| <input type="checkbox"/> HS Varsity Head Coach       | <input type="checkbox"/> HS Varsity Head Coach       |
| <input type="checkbox"/> HS Club                     | <input type="checkbox"/> HS Club                     |
| <input type="checkbox"/> College Club                | <input type="checkbox"/> College Club                |
| <input type="checkbox"/> College Assistant           | <input type="checkbox"/> College Assistant           |
| <input type="checkbox"/> College Varsity Head        | <input type="checkbox"/> College Varsity Head        |
| <input type="checkbox"/> Post-Collegiate Club        | <input type="checkbox"/> Post-Collegiate Club        |

\*For information on becoming a CEP certified coach please visit: [www.uslacrosse.org/cep](http://www.uslacrosse.org/cep).

**OFFICIAL (Check all that apply)**

- |  |                                     |
|--|-------------------------------------|
| Men/Boys'                                | Women/Girls'                        |
| <input type="checkbox"/> Youth           | <input type="checkbox"/> Youth      |
| <input type="checkbox"/> High School     | <input type="checkbox"/> Apprentice |
| <input type="checkbox"/> Post-Collegiate | <input type="checkbox"/> Local      |
- If you are a college official or assignor, contact US Lacrosse for the appropriate form.  
 If your umpire level is district or higher, contact US Lacrosse for the appropriate form.

Enter your District Number \_\_\_\_\_ Enter your Local Board \_\_\_\_\_

(Contact US Lacrosse if you do not know your district or board.)  
 All official category memberships expire 9/30, regardless of date joined.

Officials and coaches receive one rulebook complimentary and may purchase additional rulebooks at \$8 each. Please indicate number for each type:

- |  |   |
|--|---|
| <input type="checkbox"/> Men's NCAA                  | <input type="checkbox"/> Women's NCAA           |
| <input type="checkbox"/> Men's HS/Youth (Federation) | <input type="checkbox"/> Women's HS/Youth (USL) |
- Total additional rulebooks purchased \_\_\_\_\_ @ \$8 each \_\_\_\_\_

**FAN** (for members who do not participate as a player, coach or official)

**Chapter Information:** A portion of your dues will be paid to your local Chapter covering your zip code, unless you indicate a different Chapter here (see website for listing):

**Charitable Information:** Please consider a tax-deductible gift to support the growth of lacrosse nationwide!  
 US Lacrosse Fund \$ \_\_\_\_\_ Your total Fee \$ \_\_\_\_\_

**STEP 3 - Complete your payment information**

**Payment Information:**

- Check Enclosed (payable to US Lacrosse)
- Credit Card Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
 Name on Card (if different than above): \_\_\_\_\_  
 Address (if different than above): \_\_\_\_\_

**STEP 4 - Please sign waiver to the right**

**ENROLLMENT FORM AND MEMBER AGREEMENT**

**Insurance Information**

All categories except "Fan" include comprehensive secondary lacrosse insurance and must sign below. Insurance information, including claim forms, can be found on our website: [www.uslacrosse.org](http://www.uslacrosse.org).

**Signature Required for Acceptance of Membership**

In consideration of my membership in US Lacrosse, and my participation in US Lacrosse sanctioned, recognized or sponsored events ("Covered Events"), I agree to the following:

1. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that US Lacrosse, the host organization and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a Covered Event. This Waiver & Release shall also be for the benefit of and run in favor of any youth organization that requires participants to become members of US Lacrosse as a condition to their participation in such organization's youth lacrosse events, which shall constitute Covered Events for purposes of this Waiver & Release, and any such youth lacrosse league shall constitute the host organization for such Covered Events.
2. **Medical Attention:** I hereby give my consent to US Lacrosse and the host organization of any Covered Event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in Covered Events.
3. **Readiness to Compete:** I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete.
4. **Information Certification:** I certify that all information provided by me in this application, including without limitation my membership category, is true, accurate and complete and I understand that any untrue, inaccurate or incomplete statement or information will automatically invalidate my membership and all of the benefits of membership in US Lacrosse.
5. **Code of Conduct:** I agree to all terms on the reverse side of this form (refers to accepted US Lacrosse/Positive Coaching Alliance Code of Conduct).

Participant Primary Medical Insurance Carrier is:

\_\_\_\_\_

**Policy Number:** \_\_\_\_\_

If participant is under 18, then a parent or legal guardian of this participant must sign.

As member, or as parent or legal guardian of a member under 18, I hereby verify by my signature below that I fully understand and accept each of the above conditions.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name of signor:** \_\_\_\_\_

**Membership is annual and non-refundable**  
 We suggest you renew online for the fastest and most efficient process:  
[www.uslacrosse.org](http://www.uslacrosse.org).