



REDWING LACROSSE CLUB

Dear Parents and Players,

We would like to officially welcome you to Benet Academy's 2009 Redwing Lacrosse Club season and thank you for your continued interest in and support of the Redwing Lacrosse Club.

Plans for the 2009 season began one week after our team won the 2008 Lacrosse Cup State Championship trophy. One week after our graduating Seniors marched into the graduation ceremony with the championship trophy held high, the board held its first meeting and set this year's season in motion.

This past off season has been very active. We have moved up from the Class B into the Class A lacrosse league with Naperville North, Wheaton Warrenville and Saint Charles. We have strengthened and deepened our coaching staff, and we have seen a tremendous increase in the interest in our program. This year we are expecting approximately 75 student athletes to participate this spring not bad for a four year old program.

As the informal off season activities wrap up and the season approaches it is once again registration time. In an effort to streamline this year's registration process, all registration forms are being distributed electronically. Attached you will find five (5) forms (Registration, Code of Conduct, Waiver & Release, IHSA Physical & Emergency Information). These five forms need to be printed (in color if possible) and filled out in their entirety. All members, new and returning will be required to return the forms to the registrar at the mandatory 2009 sign up meeting. (If you participated in a fall sport just write across the IHSA physical form that the physical is already on file.)

The cost for participating in this year's program will be \$600. This does not include personal equipment or off season training costs. This year we will be offering two payment options. The first option is to pay the fee in full on registration night. The second option will be to spread the cost out over three equal payments of \$200. The first payment will be due on registration night. The second payment will be due on February 1st and the final payment will be due on April 1st. In order to ease the administration of this payment plan, we will be adopting the payment system that Benet Hockey has had in place for many years and we will collect all three checks on registration night. The second and third installment checks will be postdated and Benet lacrosse will send out a reminder prior to the deposit dates listed above.

If you have any questions please feel free to contact any board member.

Thanks you and we look forward to a great season.

Redwing Lacrosse Club Parent Board



www.benetlacrosse.org



2008 Lacrosse Cup State Champions



2009 Registration Form



Redwing Boys Lacrosse Club 2009 Registration Form

Last Name _____ First _____ Class of 20 _____

Fathers Name _____ Mothers Name _____

Address _____ City _____ Zip _____

Telephone Numbers

Home _____	Players Cell _____
Dad Work _____	Dad Cell _____
Mom Work _____	Mom Cell _____

E-Mail Addresses

Players _____	@ _____
Mothers _____	@ _____
Fathers _____	@ _____
Other _____	@ _____

Emergency Contact (Other than Parents) _____

Emergency Contact Daytime Phone _____

Emergency Contact Cell Phone _____

Parental Consent

I give my consent to my son's participation in Redwing Lacrosse Club 2009 spring outdoor season and, recognizing the risks inherent in any sport, agree not to hold the Redwing Lacrosse Club responsible for any injury that my son might incur while participating in this sport.

Parent Signature _____ Date _____

Please bring this entire registration form and a check for \$200 to the mandatory sign up meeting on November 10th.



2009 Release and Waiver Form



Player Name (printed): _____

Grade 2008-2009: FR SO JR SR

Parent/Guardian Name (printed): _____

Player Authorization and Agreement

I, parent or guardian of above Player consent and approve Player's registration and participation on a team and/or in any other activities operated or sponsored by the Benet Redwing Lacrosse Club for the current season (defined as from or about November 15, 2008 until November 15, 2009). If Player is offered and accepts an invitation to participate on a team operated by the Benet Redwing Lacrosse Club for the current season, I agree to pay all assessments of Benet Redwing Lacrosse Club pertaining to Player.

Date: _____ Signature of Parent/Guardian: _____

Release and Hold Harmless Agreement

I recognize and acknowledge that lacrosse is a game in which there are risks of injury to the participants. Being aware of this and desiring that Player participate in tryouts, evaluations, practices or play on a team and/or in other activities sponsored by Benet Redwing Lacrosse Club, I hereby release forever and discharge, indemnify and hold harmless Benet Academy High School, Benet Redwing Lacrosse Club and its sponsors, directors, officers, coaches, assistant coaches, managers, agents or volunteers.

This indemnification extends to and included any and all attorney's fees and/or other expenses incurred in defending such claims which may be asserted against Benet Academy High School, Benet Redwing Lacrosse Club or its sponsors, directors, officers, coaches, assistant coaches, managers, agents or volunteers in enforcing the provision of the Hold Harmless Agreement.

Date: _____ Signature of Parent/Guardian: _____

Medical-Surgical Authorization

In the event Player is injured while attending such activities and, after reasonable effort, I have not been reached, I hereby authorize and direct any of the directors, officers, coaches, assistant coaches or managers of Benet Redwing Lacrosse Club to Authorize and approve x-ray examinations, hospital care, medical and/or surgical treatment for Player from licensed medical personnel. I agree to indemnify and hold harmless Benet Academy high School, Benet Redwing Lacrosse Club and its sponsors, directors, officers, coaches, assistant coaches, managers, agents and volunteers from any and all costs and liability for damages which may result from action taken pursuant to the above authorization.

Date: _____ Signature of parent/Guardian: _____

Use of Images and Likeness

In the course of operating and conducting its activities, the Benet Redwing Lacrosse Club may take photographs or make audio/visual recordings of the participants, including Player. I hereby consent to and authorize the Benet Redwing Lacrosse Club and its directors, officers, coaches, assistant coaches, managers, agents and volunteers to use such photographs or audio/visual recordings on its website and for promotional or training purposes related to the purpose of the Club.

Date: _____ Signature of Parent/Guardian: _____



2009 Emergency Information Form



Last Name _____ First _____ Class of 20 _____

Birth Date ____ / ____ / ____

Fathers Name _____ Mothers Name _____

Address _____ City _____ Zip _____

Emergency Contact Information

Home _____

Dad Work _____ Dad Cell _____

Mom Work _____ Mom Cell _____

Emergency Contact (Other than Parents) _____

Emergency Contact Daytime Phone _____

Emergency Contact Cell Phone _____

Medical Information

Physician Name _____

Physician Phone Number _____

Health Insurance Carrier _____

Policy Number _____

Preferred Hospital if non emergency _____

Allergies / Medications / Important Medical History Information

Date of last Tetanus Vaccine ____ / ____ / ____

Parental Consent

In the event that I cannot be reached, I authorize emergency medical treatment for and medical transport of my child

Parent Signature _____ Date _____



Preparticipation Examination

To be completed by athlete or parent prior to examination.

Name _____ Sport/Position _____
 Last First Middle

Social Security Number _____ School Year _____

Address _____

City/State _____ Phone No. _____

Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____

Address _____

Phone No. _____

Person to contact in case of emergency _____

Phone No. _____

Family Doctor _____ City/State _____

Phone No. _____

Past Medical History

	Yes	No	If yes, please explain (what, where, when)
1. Presently taking medication (including birth control pills)?	_____	_____	_____
2. Have you been diagnosed with asthma?	_____	_____	_____
3. Have you been prescribed by a physician to use any asthma medication?	_____	_____	_____
4. Do you have a current consent form to self-administer the asthma medication on file with your school?	_____	_____	_____
5. Allergic to medicine, foods, bee stings?	_____	_____	_____
6. Wears any appliances—glasses, contact lenses?	_____	_____	_____
7. History of braces, chipped teeth, bridges?	_____	_____	_____
8. Has ongoing medical problem?	_____	_____	_____
9. Had serious or significant illness in past?	_____	_____	_____
10. Any past surgical operations, accidents, non-sports or related injuries?	_____	_____	_____
11. Any past injuries directly related to sports?	_____	_____	_____
12. Any hospitalization not explained above?	_____	_____	_____
13. Any known deformities (such as curvature of back, heart problems, one kidney, blindness in one eye, one testicle, etc.)?	_____	_____	_____
14. Any serious family illness (such as diabetes, bleeding disorders, etc.)?	_____	_____	_____
15. Heart			
Have you ever passed out during or after exercise?	_____	_____	_____
Have you ever been dizzy during or after exercise?	_____	_____	_____
Have you ever had chest pain during or after exercise?	_____	_____	_____
Do you get tired more quickly than your friends do during exercise?	_____	_____	_____
Have you ever had racing of your heart or skipped heartbeats?	_____	_____	_____

	Yes	No	If yes, please explain (what, where, when)
Have you had high blood pressure or high cholesterol?	_____	_____	_____
Have you ever been told you have a heart murmur?	_____	_____	_____
Has any family member or relative died of heart problems or of sudden death before age 50?	_____	_____	_____
Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?	_____	_____	_____
Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____	_____
Has anyone in your family had a heart attack before the age of 50?	_____	_____	_____
16. Head and Nerve			
Have you ever had a head injury or concussion?	_____	_____	_____
Have you ever been knocked out, become unconscious, or lost your memory?	_____	_____	_____
Have you ever had a seizure?	_____	_____	_____
Do you have frequent or severe headaches?	_____	_____	_____
Have you ever had numbness or tingling in your arms, hands, legs or feet?	_____	_____	_____
Have you ever had a stinger, burner or pinched nerve?	_____	_____	_____
17. Last tetnus shot?	_____	_____	Date _____
18. Last eye exam?	_____	_____	Date _____
19. Last menstrual period (if women)	_____	_____	Date _____

Personal Habits

	Yes	No
1. Smoking/smokeless tobacco	_____	_____
2. Alcohol/non-medical drugs: marijuana, cocaine, etc	_____	_____
3. Steroids	_____	_____
4. Eating Disorders - weight loss or gain?	_____	_____

Review of systems (Please check if you have any problems with any of the following areas of your body)

_____ Skin	_____ Lungs	_____ Shoulders, Arms,
_____ Head	_____ Heart	_____ Hands
_____ Eyes	_____ Abdomen	_____ Hips, Legs, Feet
_____ Ears	_____ Back	_____ Muscles—Strength,
_____ Nose	_____ Urination,	_____ Feeling
_____ Mouth/Throat	_____ Bowel Control	_____ Mental, Emotional
_____ Nutrition,	_____ Genital (including	_____ Fatigue
_____ Weight Control	_____ menstrual for women)	_____ Other: What?
_____ Neck		_____

I certify that the above information is correct to the best of my knowledge.

Student Signature _____

Parent/Guardian Signature _____

Both Student And Parent/Guardian Signatures Are Mandatory

Physical Examination

Height _____ Weight _____ Blood Pressure _____
 Pulse: resting _____ 15 hops _____ after 2 minutes _____
 Visual Acuity: Eyes (R) 20/ _____ w/o glasses _____ (L) 20/ _____ w/ glasses _____

Other Testing	Normal	Abnormal Findings
1. General	_____	_____
2. Skin	_____	_____
3. HEENT	_____	_____
4. Teeth (Dental Exam)	_____	_____
5. Neck	_____	_____
6. Lungs	_____	_____
7. Heart (Sit and Stand)	_____	_____
8. Abdomen	_____	_____
9. Genitalia	_____	_____
10. Musculoskeletal	_____	_____
Neck	_____	_____
Shoulder/Arm	_____	_____
Elbow/Forearm	_____	_____
Wrist/Hand	_____	_____
Back	_____	_____
Hip/Thigh	_____	_____
Knee	_____	_____
Shin/Calf	_____	_____
Ankle/Leg	_____	_____
Foot	_____	_____
11. Peripheral Pulses	_____	_____
12. Neurologic	_____	_____
13. Mental Status	_____	_____
14. Marfan Screen	_____	_____

Other Tests (optional)
 _____ Auditory _____ U/V _____ EKG
 _____ % Body Fat _____ Drug Screen _____ Chest X-Ray
 _____ Hgb/Hct _____ SMAC _____ Tanner Stage

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for one year.

Yes _____ No _____ Limited _____

Additional Comments:

Examination Date _____ Physicians Signature _____
 Physician's Assistant Signature* _____
 Advanced Nurse Practitioner Signature* _____

* effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

Student's Name _____ School Name _____

Consent Form to self administer asthma medication
 (not needed if current form is already on file with school)

Parent Consent

I, _____, do hereby give my son/daughter, _____, permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.

Parent Signature _____ Date _____

Physician Consent

As a patient under my care, _____, is prescribed to self-administer the following asthma medication.

Medication _____

Purpose _____

Dosage _____

Time/Special Circumstances _____

Physician Signature _____ Date _____

IHSA Steroid Testing Policy Consent to Random Testing

In January 2008, the Illinois High School Association's Board of Directors approved a plan developed by the IHSA's Sports Medicine Advisory Committee to implement random testing for steroids and performance-enhancing dietary supplements of teams and individuals qualifying for state finals competition.

Beginning with the 2008-09 school term, any student-athlete who ingests or otherwise uses substance from the association's banned drug classes, without written permission by a licensed physician, to treat a medical condition, violates IHSA By-law 2.170 and its subsections, and is subject to IHSA penalties, including ineligibility from competition. The IHSA will test certain randomly selected individuals and teams that participate in state series competitions for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents, and his or her school.

By signing below, we consent to random testing in accordance with the IHSA's steroid testing policy. We understand that, if the student or the student's team participates in state series competitions, the student may be subject to testing for banned substances.

No student-athlete may participate in IHSA state series competition unless the student and the student's parent/guardian consent to random testing.

A complete list of the current IHSA Banned Drug Classes can be accessed at http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA_banned_drug_classes.pdf.

Signature of student-athlete _____ Date _____
 Signature of parent-guardian _____ Date _____





2009 Payment Options



Redwing Boys Lacrosse Club 2009 Payment Options

In an effort to make the collection of yearly fee more efficient we will be offering you two different payment options.

Payment Option One – Single Payment

Please make one check out to Redwing Lacrosse Club for \$600. This check is due at the registration meeting scheduled for November 10th.

Payment Option Two – Three Equal Payments

Please make out three separate checks for \$200. All three checks will be collected at the registration meeting scheduled for November 10th.

- The first check is to be dated November 10th and will be cashed after the registration meeting.
- The second check is to be dated February 1st and will be cashed the week of February 1st.
- The third and final check is to be dated April 1st and will be cashed the week of April 1st.

The Redwing Lacrosse Club will send out a reminder e-mail prior to each check deposit date.

In past years there have been players that have requested assistance with payment of their lacrosse fees. The Redwing Lacrosse Club does not want the cost of the program to prevent anyone from participating on our lacrosse teams. If you need assistance with the cost of participating in this year's program please call Matt Dingens at (630) 717-5347. This is a completely confidential request and is handled by Mr. Dingens and the Treasurer of the parent board only. We do have a budget line item for this assistance.