Logo, company name

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**MEMBER APPLICATION**

**REQUEST**

***Organization Information*** Date Request Submitted: First Date of Rental:

Name of Organization/Club *(as listed on Certificate of Insurance)*:

Contact Person: E-mail Address:

Primary Phone: Secondary Phone:

Onsite Contact Person (if different): Primary Phone:

Street Address of Organization/Club: City: State: Zip Code:

Non Profit Status: Non-Profit For Profit EIN#/Tax ID#:

School or Geographical Area represented by your Club:

Estimated # of Athletes in Program total:

Check all that apply to this application: JV: Girls Team:

Varsity: Boys Team:

Name of Youth Feeder Program:

Practice Field Address:

Home Field Address:

Type of Home Game Field Synthetic Field

Natural Grass Field

Outfield Ball Fields

Game Day Emergency Medical Provider/Athletic Trainer Contact:

***ASLC Compliance***

* It is strongly recommended that before any player is allowed to practice or play in a competition, he/she must have a medical examination performed by a licensed physician and must provide a written certification signed by the physician stating that the player's condition and health are satisfactory for participation in the sport of lacrosse.
* A player is eligible to participate only for the member team that is sponsored, approved, recognized by, or otherwise affiliated with, the school district that the player attends. If a player attends a school or lives within a district that does not sponsor, approve, or recognize a member team, that player may play for the nearest member team.
* ASLC high school competition is limited to players who are enrolled in grades 9 through 12. Players enrolled in grade 8 and below are ineligible to play in any league contest with or against athletes enrolled in grades 9 through 12.
* ASLC member teams will comply with academic eligibility requirements found in Section 4 of this document.
* A student in high school who becomes 19 on or after August 31st shall remain eligible for the entire year.
* In order to participate in the extracurricular activities to which this policy applies, a student (private, home school, or public school) must maintain a 2.0 average.
* ASLC athletes and coaches must be an active member of USA Lacrosse.

***Season and Dues***

* Regular Season Start Date: The first regular season ASLC contest may be played no earlier than March 1st. All seasonal contests must be scheduled and uploaded on *MaxPreps* by March 1 of that season. A roster including name, year in school, position, and jersey number must also be updated.
* ASLC team dues are $100 and must be paid by December prior to the season.

***Facilities***

* The home team is expected to furnish a bench, table area, and personnel to assist with scorekeeping, timekeeping, etc., airhorn, and at least one chair for timekeeper/tally keeper for visiting team.
* The home team is recommended to provide the following for all ASLC games:
  + a. Emergency medical services including a certified trainer or paramedic is on site for the entire contest. Failure to have certified trainer, paramedic, or medical personnel on site/campus for the entire game will result in home team forfeit, and the game will not be played.
  + b. Telephone communications, including cell phone communications on site and immediately available, along with emergency phone numbers.
  + c. Pilons, or cones on field according to NFHS guidelines.

*“When Thunder Roars, Go Indoors”* ASLC athletic events on any athletic field will be suspended if a thunderstorm appears imminent before or during outdoor activities. If thunder can be heard, lightning is close enough to be a hazard and everyone should head to a safe location immediately. All activities will be suspended until 30 minutes after the last sound of thunder is heard. Spectator and participants will be directed to the nearest safe location which in many instances will be their vehicles. Participants and spectators should only make their way back to a venue after an “all-clear” from Officials. Consideration must be given to patrons leaving safe locations and returning to the venue.

***History of Your Club***

Briefly describe your programs history and long-term objectives:

***References***

Please list two references where you have previously competed as an organization.

1. Referenced Season: Dates:

Organizational Reference Name: Contact Person:

Contact Phone: Contact Email:

Number of Events: One time Multiple Events

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Organizational Reference Name: Contact Person:

Contact Phone: Contact Email:

Number of Events: One time Multiple Events

**Acknowledgement and Signature**

I acknowledge that all information provided is accurate to the best of my knowledge.

Additionally, to the extent allowed by law, ASLC members shall indemnify all ASLC member organizations, affiliated schools, and volunteers, for all claims during the course of or in relation to ASLC activities, including workers’ compensation claims and the cost of defense. All ASLC members will not hold any other ASLC members liable for any accident or injuries during or in relation to ASLC conference activities.

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**Signature of Authorized Representative                             Title                                               Date**