

PART III: TEAM ROSTER

Team Name _____

1. _____ Grad. Year _____

2. _____ Grad. Year _____

3. _____ Grad. Year _____

4. _____ Grad. Year _____

5. _____ Grad. Year _____

6. _____ Grad. Year _____

7. _____ Grad. Year _____

8. _____ Grad. Year _____

9. _____ Grad. Year _____

10. _____ Grad. Year _____

STICK WITH IT!TM
7 V 7 Turkey ShootTM
P.O. Box 269
Walnut Creek, CA 94597

**2009
FIFTH ANNUAL
7 V 7
TURKEY SHOOT
@
Diablo Vista Middle
School
November 22**



Presented by
STICK WITH IT!TM

Where Women Rule the FieldTM

SPONSORED BY 

**Directed by
Amy McCleary**

STICK WITH IT!™

7 V 7 WOMEN'S LACROSSE TURKEY SHOOT™

It is time for the Fifth Annual 7 v 7 Women's Lacrosse Turkey Shoot™! This is the fifth year Amy McCleary has directed the Turkey Shoot™ since creating it in 2005! Please join us for a fun filled day of lacrosse. Get your teams registered early!

DATE: Sunday, November 22, 2009

TIME: Registration begins at 9:00am

WHERE: Diablo Vista Middle School Turf and Grass Fields (Please bring appropriate shoes).

***FORMAT:** Championship Layout 15Min. game
H.S. Division - Min. 5 games

Jr. Division - Min. 4 games

* # of games can be more based on team sign up.

COST: \$60.00 p/player, includes tournament shirt

*If you do not have your own team you can sign up to be put on TEAM WILD TURKEY. This will be one team made up of players, who do not have their own team. Sign-up early, there's only 1 team!

*All registration forms and payment **MUST** be received by Sunday, November 5, 2009.

*You **MUST** be a member of US Lacrosse to participate. (www.uslacrosse.org)

RULES: You **MUST** have a goalie and a minimum of 7 or maximum of 9 field players. (10 players Max, 8 players Min.)

Checks Payable and Mail to:
STICK WITH IT!
P.O. Box 269
Walnut Creek, CA 94597
LIMITED ENROLLMENT!!!

WHAT TO BRING:

YOUR TEAM **MUST** WEAR SAME COLOR SHIRT!

Goggles
Shoes for Turf (NO) cleats
Lacrosse Stick
Goalkeeping Equipment

Water Bottle
Mouth-guard
Layers of Clothing
Lunch

SNACKS AND GEAR WILL BE AVAILABLE FOR PURCHASE!

**NOTE: All forms and payment
MUST
be received by
November 5, 2009.**

**NO REFUNDS
NO WALK-UPS**

DIRECTIONS:

DIABLO VISTA MIDDLE SCHOOL
4100 Camino Tassajara
Danville, CA 94526

Traveling From (Oakland/Walnut Creek/Concord):

680 S via the exit on the left toward Oakland/San Jose.

Take the Sycamore Valley Road exit, Exit 38

Merge onto Sycamore Valley Road East

Sycamore Valley Road East becomes Camino Tassajara.

Traveling From (San Jose/Livermore/Hayward):

680 North Exit Bollinger Canyon Road.

Turn left on Dougherty Road

Turn right onto Crow Canyon Road

Turn right onto Camino Tassajara.

VISIT US ON LINE!

stickwithitlacrosse.com

QUESTIONS: coach@stickwithitlacrosse.com

831-277-1857

PART I:

TOURNAMENT REGISTRATION FORM

High School Varsity _____ JV _____

Jr. Division U-15 _____ U-13 _____ U-11 _____

Player's Name _____

Team Name (Max. 10 players) _____

(List team name or circle WILD TURKEY if you do not have a team) _____
or

WILD TURKEY

School _____

T-Shirt Size _____ Position _____ Years Played _____

Birth Date _____ HS Grad Year _____

Home Address _____

City _____

State _____ Zip _____

Home Phone _____

Emergency Phone _____

U.S. Lacrosse Membership # _____
(Mandatory)

U.S. Lacrosse Expiration Date _____

Parent Email _____

Player can **NOT** participate without:

**PART II: STICK WITH IT! Medical
Release/Emergency Contact Form. (This is
emailed once you register.)**

2009 STICK WITH IT!™

7 v 7 Turkey Shoot

Danville

Medical Release and Emergency Contact Authorization Form

You will not be able to participate without submission of the Medical Release and Health History Forms.

NAME: _____ BIRTHDATE: _____
ADDRESS: _____ PHONE: _____

Dear parent/guardian: The medical consent and emergency contact authorization form is necessary for the health and well-being of your child/ward. Failure to complete and deliver this form on or before the day of competition will result in rejection of the tournament application.

I. CONSENT TO EMERGENCY MEDICAL TREATMENT

- A. I hereby authorize and consent to emergency medical treatment for my child/ward while enrolled in the STICK WITH IT!™ Fifth Annual Turkey Shoot. The STICK WITH IT!™ Fifth Annual Turkey Shoot has my permission, in an emergency when I cannot be contacted, to take my child/ward to the emergency ward of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child/ward.
- B. I hereby authorize and consent to non-emergency first-aid for my child/ward while enrolled as a participant in the STICK WITH IT!™ Fifth Annual Turkey Shoot as deemed necessary by the staff of the STICK WITH IT!™ Fifth Annual Turkey Shoot.

Signature of Parent/Guardian: _____ Date: _____

II. AGREEMENT TO PARTICIPATE

I assure that you and your child/ward understand and accept the risk of participation in the STICK WITH IT!™ Youth Player Clinic, you must both sign the applicable sections below. Failure to complete this section will result in rejection of the application.

A. CAMPER AGREEMENT (to be signed by camp participants)

I understand that some of the STICK WITH IT!™ Fifth Annual Turkey Shoot activities could cause injury to me. I am willing to assume the risk. I also understand that the best way to make sure that I remain safe and avoid injury is to follow all instructions of the staff of STICK WITH IT!™ Fifth Annual Turkey Shoot. I agree that I will learn all the rules and regulations and will follow all instructions of the staff of STICK WITH IT!™ Fifth Annual Turkey Shoot.

Signature of Camper: _____ Date: _____

B. CAMPER AGREEMENT (to be signed by parent/guardian of all participants)

I agree to allow my child/ward to participate in the STICK WITH IT!™ Fifth Annual Turkey Shoot and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities of my child/ward will engage in at the STICK WITH IT!™ Fifth Annual Turkey Shoot, which may cause serious injury and even death. I also understand that, despite safety cautions, STICK WITH IT!™ Fifth Annual Turkey Shoot cannot guarantee that my child/ward will not be injured. My child/ward and I are willing to assume this risk. To minimize the risk, I have instructed my child/ward to obey all rules, regulations, and instructions of the staff of the STICK WITH IT!™ Fifth Annual Turkey Shoot. I acknowledge that STICK WITH IT!™ Fifth Annual Turkey Shoot can only accept responsibility of its own negligence or intentionally wrongful acts in connection with my child's/ward's participation in the STICK WITH IT!™ Fifth Annual Turkey Shoot and hereby release and hold harmless STICK WITH IT!™, STICK WITH IT!™ Lacrosse, STICK WITH IT!™ Fifth Annual Turkey Shoot, Town of Danville, Osage Park, Greenville Elementary School, their employees, owners, officers, administrators, agents, representatives, students, affiliates, successors and assigns from all other claims, actions, cause of actions, suits, judgments, and demands. I acknowledge and I have read and understood this form and that the terms herein are contractual and are not a mere recital.

Signature of Parent/Guardian: _____ Date: _____

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Participation Health History Form

You will not be able to participate without submission of the Medical Release and Health History Forms.

NAME: _____ BIRTHDATE: _____
ADDRESS: _____ PHONE: _____

Please respond to the following bullets by circling yes or no.

Do you have now or have you had in the past, problems with: If yes, please explain

- | | | |
|--|----------------------|----|
| • Headaches-needing treatment | YES | NO |
| • Heart | YES | NO |
| • Breathing (Asthma) | YES | NO |
| • Abdominal Pain | YES | NO |
| • Epilepsy | YES | NO |
| • Eyes (Except eyeglasses) | YES | NO |
| • Hearing or Ears | YES | NO |
| • Diabetes | YES | NO |
| • High Blood Pressure | YES | NO |
| • Allergies | YES | NO |
| • Sickle Cell Anemia or Trait | YES | NO |
| • Broken Bones | YES | NO |
| • Concussion | YES (How many?)_____ | NO |
| • Spine or Neck Injury | YES | NO |
| • Kidney Disorders | YES | NO |
| • Loss of Consciousness | YES | NO |
| • Any Injury that Required Hospitalization | YES | NO |

The foregoing information is accurate to the best of my knowledge. I am aware that inaccuracies or omissions may jeopardize my child/ward's health.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact and Insurance Information

Person to contact in an emergency _____

Relationship: _____ Phone: _____

Medical Insurance Company/Plan: _____

Phone: _____ ID Subscriber: _____

Policy#: _____

Address where claims should be mailed: _____

Is this Insurance Company an **HMO** or **PPO**?

YOU MUST ATTACH A COPY OF YOUR INSURANCE IDENTIFICATION CARD.

Copy of Participant's Insurance Card

Copy of Participant's Insurance Card

FRONT OF INSURANCE CARD

BACK OF INSURANCE CARD