



It is mandatory that the clubs/associations have this form completed and returned to the appropriate body for registration.

Club or Association Name:	
Division and Calibre:	
Year of Current Season:	

The Head Coach of the above team is required to sign this form on the reverse side and is responsible to ensure that the appropriate certification level(s) as outlined in the NCCP (see reverse side) are met by his/her coaching staff in order to coach a lacrosse team registered with a Member Association of the CLA.

Coaching Staff Registration (PLEASE PRINT OR TYPE)				
	Head Coach	Assistant Coach	Assistant Coach	Assistant Coach
Name:				
Address:				
City:				
Postal Code:				
Phone Number:				
E-Mail Address:				
NCCP #				
Police Check (If Required):				
Date of Birth (MM/DD/YYYY):				

**Please submit the appropriate registration fee for each listed coach above, along with this form.
Coaches are not considered registered until registration fees are paid.**

Bench Personnel Registration			
	Name:	Address:	Phone #
Manager:			
Trainer:			
Equip. Manager:			
Other:			

- Please note:
1. Team Head Coaches are responsible for the conduct of ALL personnel.
 2. Rules stipulate that only four of the above registered coaches can occupy the Coaches Area.

Important - See reverse for Coaching Certification Program Minimum Standards



Minimum Standards for Women's Field Lacrosse Coaches	In-Training		Trained		Certified
	Community Development	Competitive Introduction	Community Development (Level 1 Certified)	Competitive Introduction (Level 2 or 3 Certified)	Competitive Introduction (Level 2 or 3 Certified)
Rec. & House Leagues	HC/AC				
U8, U11	AC		HC		
U15, U17			HC/AC		
U-19 & Senior Tier 2		AC		HC	
U19/Sr. Tier 1, Summer Games		AC		HC	
Provincial Teams				HC/AC	
National Teams					HC/AC

Notes:

1. HC = Head Coach, AC = Assistant Coach
2. New Associations or clubs have a two year grace period to complete the minimum requirements.
3. **“In-Training”** indicates the coach has attended a clinic. **“Trained”** indicates a coach has attended the clinic and has successfully completed the evaluation workbook. **“Certified”** indicates a coaches has attended the clinic, successfully completed the evaluation workbook & all external evaluations associated with the coaching stream in question.
4. Coaches **without prior Level 1 certification or Community Development** who do not meet the pre-requisites to challenge the Community-Development **need only complete the Community-Development training in year one** then complete the Competitive-Introduction in year two.
5. Until NCCP changeover occurs, Certified Level 1 is equivalent to Community Development Trained, Certified Level 2 or 3 is equivalent to Competitive Introduction Certified.
6. Provincial Team indicates Provincial All-Star Teams, International Team indicates ‘Team Canada.’
7. Unless in a category where certification is required, **coaches in their first (1st) year can be “In Training.” A coach in second (2nd) year must be “Trained.”**
8. For the sake of clarity, the term “House League” shall only apply to those athletes (Teams) who have been divided up equally and play only within their own registered home association without travelling.

Head Coach
(Print and Sign)

Member Association Representative
(Print and Sign)

APPENDIX 25-8

ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

For Participants Under the Age of Majority in the Province or Territory in which the Athletic Activities are Provided by the Organization

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS, READ IT CAREFULLY!

The Parent/Guardian Must Read and Understand this Waiver Prior to the Minor Participating in Athletic Activities

The following waiver of all claims, release from all liability, assumption of all risks and other terms of this agreement are entered into by me on behalf of the Minor Participant (the "Minor") with and for the benefit of Canadian Lacrosse Association., its directors, officers, employees, volunteers, coaches, officials, business operators, agents and site property owners or Occupiers (the "Organization"). "Occupiers" is defined in accordance with the definition of Occupiers contained in the Occupiers Liability legislation applicable to the Province or Territory in which the Athletic Activities are provided by the Organization.

1. I am the Parent/Guardian of the Minor and am executing this waiver on behalf of the Minor in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the Minor for all legal purposes.
2. "Athletic Activities" includes but is not limited to contact and non-contact sports, fitness activities, personal training instruction and activities, use of facilities, and fitness programs and services provided to the Minor by the Organization.
3. I am aware that there are inherent and significant risks ("Risks") associated with the participation in Athletic Activities. I am aware the those Risks include but are not limited to the potential for serious personal injury caused by any event or any condition of the facility or equipment where Athletic Activities are provided by the Organization, and health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, muscle cramps or soreness, and nausea. I understand the Risks are relative to the Minor's state of fitness and health (physical, mental and emotional), and to the awareness, care and skill with which the Minor conducts him or herself while participating in Athletic Activities.
4. I freely accept and fully assume all responsibility for all Risks and possibilities of personal injury, death, property damage or loss resulting from the Minor's participation in Athletic Activities. I agree that although the Organization has taken steps to reduce the Risks and increase safety of the Athletic Activities, it is not possible for the Organization to make the Athletic Activities completely safe. I accept these Risks and agree to the terms of this waiver even if the Organization is found to be negligent or in breach of any duty of care or any obligation to me or the Minor in the Minor's participation in Athletic Activities.
5. I acknowledge on behalf of the Minor the Minor's obligation to immediately inform the nearest employee or others of the Organization if he or she feels any pain, discomfort, fatigue or other symptoms that he or she may suffer during and immediately after his or her participation in Athletic Activities. I understand the Minor may stop participation at any time, and may be requested to stop by an employee or others of the Organization who observes any symptoms of distress or abnormal response.
6. In addition to consideration given to the Organization for the Minor's participation in Athletic Activities, I and my heirs, next of kin, executors, administrators and assigns, as well as the Minor and his or her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives"), agree:
 - a. to waive all claims that I or the Minor have or may have in the future against the Organization;
 - b. to release and forever discharge the Organization from all liability for all personal injury, death, property damage, or loss resulting from the Minor's participation in the Fitness Activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error of judgment of the Organization; and
 - c. to be liable for and to hold harmless and indemnify the Organization from all actions, proceedings, claims, damages, costs demands including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Minor's participation in Athletic Activities.
7. I acknowledge that the CLA and its member associations may take photos and/or video of the event and hereby release them to use these photos/videos in order to promote the sport of lacrosse in Canada.
8. I agree that this waiver and all terms contained within are governed exclusively by the laws of the Province or Territory of Canada in which the Athletics Activities are provided to me by the Organization. I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory. Any litigation to enforce this waiver must be instituted in the Province or Territory in which the Athletic Activities are provided by the Organization.
9. I confirm that I have had sufficient time to read and understand each term in this waiver in its entirety, and have agreed to the terms freely and voluntarily. I understand that this waiver is binding on myself as Parent/Guardian, the Minor and our Legal Representatives.

Please initial the box after reading and understanding the above statements and conditions.

Please Print Clearly

Minor Participant Name	Minor Participant Address	
Parent/Guardian Name	Parent/Guardian Address:	Parent/Guardian Signature
Organization Witness Name	Organization Witness Signature	
Signed this _____ day of _____, 20_____		

*** I (participant) also agree to abide by the CLA Code of Conduct included on the reverse of this form**

APPENDIX 25-9

ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

For Participants over the Age of Majority in the Province or Territory in which the Athletic Activities are provided by the Organization

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS, READ IT CAREFULLY!

Every Person MUST Read and Understand this Waiver before Participating in Athletic Activities

The following waiver of all claims, release from all liability, assumption of all risks and other terms of this agreement are entered into by me (the "Participant") with and for the benefit of Canadian Lacrosse Association, its directors, officers, employees, volunteers, coaches, officials, business operators, agents and site property owners or Occupiers (the "Organization"). "Occupiers" is defined in accordance with the definition of Occupiers contained in the Occupiers Liability legislation applicable to the Province or Territory in which the Athletic Activities are provided by the Organization.

Please initial each item below after Reading and Understanding each item:

1. "Athletic Activities" includes but is not limited to contact and non-contact sports, fitness activities, personal training instruction and activities, use of facilities, and fitness programs and services provided to the Participant by the Organization.
2. I am aware that there are inherent and significant risks ("Risks") associated with the participation in Athletic Activities. I am aware the those Risks include but are not limited to the potential for serious personal injury caused by any event or any condition of the facility or equipment where Athletic Activities are provided by the Organization, and health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, muscle cramps or soreness, and nausea. I understand the Risks are relative to my own state of fitness and health (physical, mental and emotional), and to the awareness, care and skill with which I conduct myself while participating in Athletic Activities.
3. I freely accept and fully assume all responsibility for all Risks and possibilities of personal injury, death, property damage or loss resulting from my participation in Athletic Activities. I agree that although the Organization has taken steps to reduce the Risks and increase safety of the Athletic Activities, it is not possible for the Organization to make the Athletic Activities completely safe. I accept these Risks and agree to the terms of this waiver even if the Organization is found to be negligent or in breach of any duty of care or any obligation to me in my participation in Athletic Activities.
4. I acknowledge my obligation to immediately inform the nearest employee or others of the Organization if I feel any pain, discomfort, fatigue or other symptoms that I may suffer during and immediately after my participation in Athletic Activities. I understand I may stop participation at any time, and I may be requested to stop by an employee or others of the Organization who observes any symptoms of distress or abnormal response.
5. I confirm that I have reached the age of majority in the province or territory in which I am participating in Athletic Activities.
6. In addition to consideration given to the Organization for my participation in Athletic Activities, I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives"), agree:
 - a. to waive all claims that I have or may have in the future against the Organization;
 - b. to release and forever discharge the Organization from all liability for all personal injury, death, property damage, or loss resulting from my participation in the Fitness Activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error of judgment of the Organization; and
 - c. to be liable for and to hold harmless and indemnify the Organization from all actions, proceedings, claims, damages, costs demands including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in Athletic Activities.
7. I acknowledge that the CLA and its member associations may take photos and/or video of the event and hereby release them to use these photos/videos in order to promote the sport of lacrosse in Canada
8. I agree that this waiver and all terms contained within are governed exclusively by the laws of the Province or Territory of Canada in which the Athletics Activities are provided to me by the Organization. I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory. Any litigation to enforce this waiver must be instituted in the Province or Territory in which the Athletic Activities are provided by the Organization.
9. I confirm that I have had sufficient time to read and understand each term in this waiver in its entirety, and have agreed to the terms freely and voluntarily. I understand that this waiver is binding on myself and my Legal Representatives.

Please initial the box after reading and understanding the above statements and conditions.

Please Print Clearly

Participant Name	Participant Address	Participant Signature
Organization Witness Name	Organization Witness Signature	
Signed this	day of	, 20

*** I (participant) also agree to abide by the CLA Code of Conduct included on the reverse of this form**