2025 WHEELING AMATEUR LACROSSE ASSOCIATION

**REGISTRATION FORM / SOCIAL MEDIA POLICY**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL CONTACTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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T-SHIRT SIZE: Youth S\_\_ M\_\_ L\_\_ XL\_\_ Adult S\_\_ M\_\_ L\_\_ XL\_\_

SHORT SIZE: Youth S\_\_ M\_\_ L\_\_ XL\_\_ Adult S\_\_ M\_\_ L\_\_ XL\_\_

Players must supply own helmet, mouthpiece, shoulder pads, elbow pads, gloves, cup/guard and sneakers/cleats.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

SOCIAL MEDIA NOTICE

In an effort to enhance the Phantoms experience, the team has a Twitter account (@PhantomsLacros1) and an Instagram account (whgphantomslax). From time to time, the team will post group photos, photos of practice and gameplay. We will not identify an individual player by name (unless we approach a parent and ask permission). However, if a photo is reposted by another user that identifies the player, the Phantoms cannot control those actions. We will respect all privacy requests by a player or family. Please indicate below that you wish your player to be excluded from the group postings and speak to a coach about the exclusion. Otherwise, you agree to the postings as discussed above.

\_\_\_\_ I request that my player be excluded from any social media post by the Phantoms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

parent signature

\_\_\_ I acknowledge receipt of the Phantoms social media policy. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

parent signature

**STUDENT WAIVER CITY OF WHEELING/OHIO COUNTY SCHOOLS**

**17 YEARS OLD AND UNDER**

My child is 17 years or under and he/she desires to participate in the Lacrosse Season events to be held at the East Wheeling Recreational Area / JB Chambers Recreation Complex / The Linsly School / Ohio County Schools' Facilities.

I AM AWARE THAT THIS ACTIVITY IS POTENTIALLY DANGEROUS AND MY CHILD IS VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH OUR KNOWLEDGE OF THE RISKS INVOLVED, BOTH EXPECTED AND UNEXPECTED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF LOSS OR INJURY.

PARENT INITIAL HERE \_\_\_\_\_\_\_\_

In return for the benefits my child will receive from participation, we agree not to sue, and hereby release and agree to hold harmless the City of Wheeling, the Ohio County Board of Education, The Linsly School, Inc., Wheeling Area Lacrosse Association, Inc., its employees, its agents, and any volunteers working with the City, the Board of Education, Linsly, and Wheeling Area Lacrosse Association, Inc. for and from liability and responsibility for any loss or injury connected with my child’s participation in the activity, except for loss or injury caused intentionally or by egregious misconduct.

THIS RELEASE IS INTENDED TO PROTECT THE CITY OF WHEELING, THE OHIO COUNTY BOARD OF EDUCATION, THE LINSLY SCHOOL, INC., WHEELING AREA LACROSSE ASSOCIATION, INC., ITS EMPLOYEES, ITS AGENTS, AND ANY VOLUNTEERS WORKING WITH THE CITY, THE BOARD OF EDUCATION, LINSLY, AND WHEELING AREA LACROSSE ASSOCIATION, INC., FROM CLAIMS OF NEGLIGENCE (THE FAILURE TO USE REASONABLE CARE). HOWEVER, IT IS NOT INTENDED TO EXEMPT THEM FROM RESPONSIBILITY FOR THEIR WILLFUL OR INTENTIONAL INJURY TO THE PERSON OR PROPERTY OF ANOTHER.

THE USER OF THE WHEELING RECREATION FACILITY/ LINSLY/ OHIO COUNTY SCHOOLS FACILITY AGREES TO INDEMNIFY AND SAVE THE CITY OF WHEELING, THE OHIO COUNTY BOARD OF EDUCATION, LINSLY, AND THE WHEELING AREA LACROSSE ASSOCIATION, ITS OFFICERS, EMPLOYEES, AND AGENTS HARMLESS FROM ANY AND ALL DAMAGES, CLAIMS, AND LIABILITY OF ANY KIND OR NATURE WHATSOEVER ARISING FROM THE USE OF CITY OF WHEELING EAST WHEELING RECREATIONAL AREA, LINSLY’S FACILITY, AND OHIO COUNTY BOARD OF EDUCATION FACILITIES.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(THE ABOVE MUST BE SIGNED FOR ANY PERSON TO PARTICIPATE IN A LACROSSE EVENT WITH THE WHEELING PHANTOMS)**

**I have carefully read this agreement and fully understand its content. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, HOLD HARMLESS AGREEMENT, AND ASSUMPTION OF RISK AGREEMENT, AND THAT IT IS A LEGALLY BINDING CONTRACT BETWEEN THE CITY OF WHEELING, THE OHIO COUNTY BOARD OF EDUCATION, THE LINSLY SCHOOL, INC., WHEELING AREA LACROSSE ASSOCIATION, INC., AND ME, INDIVIDUALLY, AND ON BEHALF OF MY CHILD. I further understand that this release is binding on my heirs or anyone making a claim. I sign of my own free will.**

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Print Name of Participant Signature of Parent

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Print Name of Parent Date

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Street Address City/State/Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone Work Telephone (If Applicable)