



I Lacrosse My Heart

A Charity Girls lacrosse tournament benefiting St. Joseph's Children's Hospital - Tampa Wesley Chapel District Park 7727 Boyette Rd, Wesley Chapel, FL 33545

Info Guide

Thank you for being a part of the I Lacrosse My Heart. Below are rules, player eligibility information, team registration forms and player rosters.

Some of this information may change slightly depending on the number of teams attending, so please keep in touch with us through our email address WCLaxTournaments@WCLacrosse.org & www.ILacrosseMyHeart.com.

Tournament fees are \$500 per team or \$50 per individual player. Payments are due ASAP and rosters are due no later than Friday, October 14th. **If you plan on attending, please email or call as soon as possible.**

Mail check & forms to: WCAA
5450 CR 581, #304
Wesley Chapel, FL 33544

Please make check payable to: WCAA

See you at the fields!



2011 I Lacrosse My Heart – Rules Girls

Check-In Procedure: Coaches are to check in each day with administration in the meeting room next to concessions no later than 1 hour prior to start of their first game. Teams must provide remaining registration fees and player waivers on Saturday, October 29th at check-in.

2011 I Lacrosse My Heart - Tournament Rules

For middle & high school, games will be played following the rules of US Lacrosse. Middle school games will follow Level A – modified checking.

These are the tournament exceptions:

- 10 minute run time quarters, 5 min half-time
- There will be a central horn for start and end of all games and quarters.
 - + 2 blasts 1 min warning before start of play. 1 long blast to indicate start & end play.
- 2 min “Heartbreak” between quarters. Sticks left on field to mark position.
- One time out per half. No time-outs in 4th quarter. Time out does not stop clock.
- Draw restarts play after each goal.
- No off-sides. 6v6 plus goalies to run entire field – no players are restrained.
- Penalties:
 - + Yellow Cards = 3 minutes (no change). Players or coaches receiving two yellow cards in one game will be immediately removed from the game and must leave game field.
 - + Red Cards = Game ejection. Further participation in the tournament will be suspended until review by the tournament board.

If a game ends on a defensive penalty:

Game will continue until play is reset. Three seconds will be added to game clock after referee resumes game with whistle. Game will end at conclusion of three seconds. Referees will keep three second clock.

If a game ends in a tie at the end of regulation time:

Game is determined by one sudden-win Braveheart period. First goal wins.
There is no break in play. Game goes immediately into Braveheart period.
Braveheart consists of one goalie & one player. Players take draw.
Goalie must remain restrained behind center line.

Standings:

Tie-break in standings determined first by head-to-head play. If not applicable, then:

Tie break in standings determined by least number of goals scored against.

Further tie break in standings determined by coin toss.

* Standings rules subject to change based on number of teams in each division



2011 I Lacrosse My Heart – Rules (continued)

Division age/grade qualifications

Players that meet their head coach's requirements to play on their team may "play up" if they are younger than their team's general age requirements. NO player can "play down" on a team that is younger than the specified age or grade requirements outlined below. For the High School divisions, all players on the roster must still be in high school. No players can have graduated before the event date.

GIRLS

GHS: This is a high school division. Team rosters can be made up from all high school grade level players. Please note that age is NOT a determining factor for GHS participation, only grade level.

GMS: This is a middle school division. Team rosters can be made up from players in grades sixth, seventh and eighth. Please note that age is NOT a determining factor for GMS participation, only grade level.



2011 I Lacrosse My Heart Team Registration

\$500 per team

Mail check & forms to: WCAA, 5450 CR 581, #304, Wesley Chapel, FL 33544
Please make check payable to: WCAA -- Please email to let us know you mailed the form.

Program Name: _____

Main Contact

Name: _____ Email: _____ Cell: _____

Alternate Contacts who should receive tournament info:

Name: _____ Email: _____ Cell: _____

Name: _____ Email: _____ Cell: _____

Name: _____ Email: _____ Cell: _____

Name: _____ Email: _____ Cell: _____

TEAM 1 Division (Circle One):

GIRLS: Middle School High School

TEAM 3 Division (Circle One):

GIRLS: Middle School High School

TEAM 5 Division (Circle One):

GIRLS: Middle School High School

TEAM 2 Division (Circle One):

GIRLS: Middle School High School

TEAM 4 Division (Circle One):

GIRLS: Middle School High School

TEAM 6 Division (Circle One):

GIRLS: Middle School High School



2011 I Lacrosse My Heart – Team Roster

Please complete a separate form for each team from your program -- **Rosters due October 14th**

Team Name: _____ Division (Circle One): GIRLS: Middle School High School

Head Coach: _____

Head Coach email: _____ Cell: _____

Asst Coach: _____ Email: _____ Cell: _____

Alternate Contacts who can be reached at the tournament:

Name: _____ Email: _____ Cell: _____

Name: _____ Email: _____ Cell: _____

Count ↓	Player First & Last Name ↓	Uniform Number ↓	Date of Birth ↓	Grade on 11/18/11 ↓	Email Address ↓	US Lacrosse Number ↓	Emergency Phone Number ↓
1			--/ /--				
2			--/ /--				
3			--/ /--				
4			--/ /--				
5			--/ /--				
6			--/ /--				
7			--/ /--				
8			--/ /--				
9			--/ /--				
10			--/ /--				
11			--/ /--				
12			--/ /--				



2011 I Lacrosse My Heart Lacrosse Tournament

PLAYER WAIVER – RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in the Wesley Chapel Athletic Association's 2011 I Lacrosse My Heart (ILMH) lacrosse tournament and its related events and activities, the undersigned acknowledges and agrees that:

There is a real risk of injury from athletic activities, particularly in the events and activities regarding this program. Although particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury, including permanent disability and death, does exist. The undersigned acknowledges and fully understands that each participant will be engaging in ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, and severe social and economic losses which might result not only from his own actions, inactions or negligence of others, but also from the rules of play, or the condition of the premises or of any equipment used. Further, the undersigned acknowledges that there may be other risks not known to ILMH or not reasonably foreseeable at this time. THE UNDERSIGNED FURTHER ACKNOWLEDGES AND AGREES THAT HE IS NOW AND WILL REMAIN A MEMBER OF US LACROSSE AT ALL TIMES DURING HIS PARTICIPATION IN THE ILMH AND ITS RELATED ACTIVITIES AND EVENTS.

1. I KNOWINGLY AND FREELY ASSUME ALL THE RISKS, both known and unknown, OF PARTICIPATING IN LACROSSE ACTIVITIES, INCLUDING WITHOUT LIMITATION, PRACTICES, GAMES, CLINICS AND TRAVEL TO AND FROM SUCH ACTIVITY, and EVEN IF ARISING FROM ANY NEGLIGENCE OF THE RELEASED PARTIES listed in No.4 or others, and assume full responsibility for my participation.

2. I willingly agree to comply with the stated and customary terms and conditions of each organization for participation. If, however, I observe an unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of my coach and/or a ILMH representative immediately.

3. I, for myself and on behalf of my heirs, assigns, personal representatives and next-of-kin, HEREBY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE WESLEY CHAPEL ATHLETIC ASSOCIATION, PASCO COUNTY BOARD OF COUNTY COMMISSIONERS, THE STATE OF FLORIDA OR ANY OF ITS AGENCIES, FLORIDA SPORTS FOUNDATION, INC., FLORIDA SPORTS CHARITABLE FOUNDATION, INC., and US LACROSSE, their commissioners, employees or volunteers, coaches, trainers, officials affiliated with the international organizations, agencies, sponsors, advertisers, administrators, officers, directors, agents, representatives, employees, volunteers, coaches, trainers, officials, their board, their respective directors, organizers, administrators, officers, agents, and/or employees, other participants, coaches, officials, sponsoring agencies, sponsors' advertisers, and owners and leasers of premises used to conduct activities or any other individuals affiliated with the ILMH. (each person or entity hereinafter referred to as a "Released Party"), WITH RESPECT TO DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR PART BY THE INDIVIDUAL OR COLLECTIVE NEGLIGENCE OF ANY OF THE RELEASED PARTIES OR OTHERWISE.

4. Recognizing the possibility of physical injury with sports and in consideration for the WCAA accepting the registrant for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify the WCAA, its affiliated organizations and sponsors, their employees, and associated personnel, including the OWNERS OF THE FIELDS and facilities used for the programs, against any claim by or on behalf of the registrant as a result of registrant's participation in the tournament and/or being transported to or from the same, which transportation I hereby authorize.

5. I hereby give my consent for emergency medical care prescribed by a duly licensed medical or dental care provider. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. WCAA may be taking photos, videos, and other images of our participants. These images will be the property of the WCAA and may be shared with the media and posted on the internet. The WCAA is hereby granted permission to use the image of the participant without further notification. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images and/or video taken for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and websites.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY:

Participant's Name (Print): _____ Participant's Age: _____

FOR PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION: This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read the above Release of Liability and Assumption of Liability Agreement (Agreement), and do consent and agree to his/her release as provided above, and hereby execute this Agreement for and on behalf of the participant. In addition, for myself, my heirs, assigns, and next-of-kin, I release and agree to indemnify and hold harmless each of the Released Parties from any and all liabilities incident to my minor child's involvement and participation in events or activities, EVEN IF ARISING FROM NEGLIGENCE.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

FOR PARTICIPANTS AGE 18 or OVER AT TIME OF REGISTRATION:

Participant's Signature: _____ Date: _____



2011 I Lacrosse My Heart Team Attestation

I attest that I have provided the WCAA with an appropriately signed player waiver form (Release of Liability and Assumption of Risk Agreement form) for each player of my team participating in the I Lacrosse My Heart Lacrosse Tournament. I agree that no player shall be permitted to play without having provided an appropriately signed waiver form and demonstrated current and valid US Lacrosse membership.

Team Name

Age Group

Team Rep Print Name

Team Rep Signature

Date Signed