

# US LACROSSE MEMBERSHIP FORM

(PLEASE PRINT)

www.uslacrosse.org/membership

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL \_\_\_\_\_

YOUTH, ages 15 & Under (not in H.S.)  HIGH SCHOOL, 18 & under

**- Please Complete Reverse Side -**

## MEMBERSHIP AGREEMENT

**(SIGNATURES REQUIRED FOR ACCEPTANCE OF MEMBERSHIP)** In consideration of my membership in US Lacrosse, and my participation in US Lacrosse sanctioned, recognized or sponsored events ("Covered Events"), I agree to the following:

**1. WAIVER & RELEASE:** I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that US Lacrosse, the host organization and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a Covered Event. This Waiver & Release shall also be for the benefit of and run in favor of any youth organization that requires participants to become members of US Lacrosse as a condition to their participation in such organization's youth lacrosse events, which shall constitute Covered Events for purposes of this Waiver & Release, and any such youth lacrosse league shall constitute the host organization for such Covered Events.

**2. MEDICAL ATTENTION:** I hereby give my consent to US Lacrosse and the host organization of any Covered Event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in Covered Events.

**3. READINESS TO COMPETE:** I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete.

Participant Primary Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Participant

**FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD:** As legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in any US Lacrosse sanctioned event and accept each of the above conditions, and especially the waiver and release set forth in paragraph one.

\_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Parent/Guardian

## 2002 US Men's Team ILF World Champions

### ■ Attack

Bob Benson	Baltimore, MD	Johns Hopkins '03
Ryan Boyle	Lutherville, MD	Princeton '04
Darren Lowe	Summit, NJ	Brown '92
Kevin Lowe	New York, NY	Princeton '95
Mike Powell	Carthage, NY	Syracuse '04

### ■ Midfield

Scott Bross	Ellicott City, MD	Duke '01
Kevin Cassese	Port Jeff. St., NY	Duke '03
Josh Coffman	Carthage, NY	Syracuse '02
Scott Doyle	Rockville, MD	Georgetown '01
Steve Dusseau	Columbus, OH	Georgetown '02
Kevin Lavey	Huntington St., NY	Delaware '99
Mike Law	Englewood, CO	Denver '01
*Andy Ross	Norfolk, VA	Navy '97
Doug Shanahan	Farmingville, NY	Hofstra '01
Matt Striebel	Gill, MA	Princeton '01

### ■ Defense

John Glatzel	Ellicott City, MD	Syracuse '02
Mike Howley	Wantagh, NY	Maryland '03
Tim Knowles	New York, NY	Duke '99
Ryan McClay	Mahopac, NY	Cornell '03
Ryan Mollett	Taneytown, MD	Princeton '01
Todd Rassas	New York, NY	Notre Dame '98
Tim Schurr	Yorktown Hts, NY	Washington & Lee '84

### ■ Goal

Chris LaMonica	Farmingville, NY	Hartford '97
Trevor Tierney	Princeton, NJ	Princeton '01

\* Selected but unable to participate.

The U.S. Men's Team captured its sixth straight and eighth overall International Lacrosse Federation (ILF) World Championship at the 2002 ILF tournament in Perth, Australia. The Americans rallied from a two-goal halftime deficit to defeat Canada, 18-15, in the finals, capping a 6-0 run through the tournament. Doug Shanahan scored four goals, and Ryan Boyle and Darren Lowe added three apiece for the U.S. in the championship game. Shanahan was named the Best and Fairest Player (MVP) of the tournament, and he was joined on the All-World Team by Lowe, Ryan McClay, Ryan Mollett, and Trevor Tierney. Army's Jack Emmer served as the head coach. Since dropping the 1978 championship game to Canada in overtime, the U.S. has won 32 straight ILF tournament games.




# Fall 2004 US Men's Team National Clinics






**Fall 2004 US MEN'S TEAM  
NATIONAL CLINICS  
SITE LOCATIONS**

Members of the 2002 World Champion U.S. Men's Lacrosse Team will be conducting clinics at 2 locations around the country in September and November 2004.

**Be sure to mail payment (payable to US LACROSSE) and registration form to the CLINIC SITE COORDINATOR for the clinic you wish to attend, no later than 7 business days prior to the Clinic date.**

DATE	CLINIC SITE	CLINIC COORDINATOR
Sat. Sep. 11	Uihlein Soccer Complex 7101 W. Good Hope Rd. Milwaukee, WI 53223 414.358.2678 9am - 1pm	Robin Buckley 31764 N. Harris Rd., Libertyville, IL 60048 hot4lax@msn.com (H) 414.333.3049 (B) 847.897.5445 (F) 847.412.0004
Sat. Nov. 6	Carpenter Park 6701 Coit Rd Plano, TX 75024 972.208.3800 9am - 1pm	Tom Fitzsimmons 1601 Terre Colony Ct., Dallas, TX 75212 tfitz@seimetalforms.com (H) 214.533.9547 (B) 214.630.0322 (F) 214.905.1972

**All inquiries about specific clinics should be directed to the site coordinator.**

**The Fall 2004 US Men's Team National Clinics feature some of the nation's top lacrosse players sharing their knowledge with youth players around the country.**

**Fall 2004 US MEN'S TEAM  
NATIONAL CLINICS  
SCHEDULE  
(may vary according to site)**

**CHECK IN**

Welcome  
Staff Introduction  
Warm up

**SESSION I:**

Skills & Station workout  
(breaks worked in)

**DEMONSTRATIONS**

U.S. Team members  
Clinic Staff  
Speech on National Team program  
Q & A session  
Sponsor recognition

**SESSION II:**

Warm up  
Team Strategies & game situation stations  
(breaks worked in)

**GAMES**

**CONCLUSION OF INSTRUCTION**

U.S. Team autographs and handouts  
Each participant will receive a t-shirt and a ball.

**Clinic proceeds go towards the US Lacrosse Men's National Team Program.**

**Sponsored by:**



**Exclusive/Official Equipment Supplier to the US Men's Lacrosse Team**

**Fall 2004 US MEN'S TEAM  
NATIONAL CLINICS REGISTRATION FORM**

Each clinic participant must be a member of US Lacrosse.  
If you have questions regarding your US Lacrosse membership status, please call 410-235-6882 x102 or log onto [www.uslacrosse.org/membership](http://www.uslacrosse.org/membership) with your membership number.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

SCHOOL \_\_\_\_\_

SCHOOL GRADE \_\_\_\_\_ AGE \_\_\_\_\_

LACROSSE EXPERIENCE (# of YEARS) \_\_\_\_\_

POSITION  A  M  D  G

CLINIC SITE COORDINATOR \_\_\_\_\_

CLINIC SITE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

US LACROSSE MEMBER  YES  
 NO (If no, please complete membership form on reverse or apply online at [www.uslacrosse.org/membership](http://www.uslacrosse.org/membership))

US LACROSSE MEMBER ID \_\_\_\_\_ Exp. Date \_\_\_\_\_

**METHOD OF PAYMENT**

CREDIT CARD:  VISA  MC  AMEX  DISCOVER

ACCOUNT #: \_\_\_\_\_ EXP DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CHECK/MONEY ORDER (Payable to US LACROSSE)  
\$ \_\_\_\_\_ dollars charged/enclosed

**Applications are accepted on a first come-first serve basis.**  
Please fill out this form, the US Lacrosse membership form (on reverse, if you are not a member) and send a check to the clinic site coordinator for the full amount.  
**(One check for both fees should be made payable to US LACROSSE)**

**COST**  
US LACROSSE MEMBER \$25.00  
NON-MEMBER \$25.00 + cost of Membership:  
Either \$18.00 Youth (ages 15 & under, not in H.S.) or \$32.00 High School (18 & under)

**Be sure to mail payment and this form to the SITE COORDINATOR for the clinic you wish to attend no later than 7 business days prior to the Nat'l Clinic date.**