

Beaumont Raiders Lacrosse Association Affiliation Form

Philosophy: As a minor sport organization, we encourage skill development that challenges our young developing athletes. At times this challenge may be presented to an individual player as an opportunity to affiliate to a higher level of practice/play either within their division (tier affiliation) or to the next designated division (division affiliation). All participants (the player, the parents, and the coaches of both teams) must be made aware of the possible risk to the player's health and personal safety in this affiliation.

The following areas MUST be addressed by all participants:

- The skill of the player being affiliated AND the skill of the players in the higher tier/division.
- The experience of the player being affiliated AND the experience of the players at the higher tier/division.
- The physical size of the player being affiliated AND the physical size of the players at the higher tier/ division.
- The athleticism of the player being affiliated AND the athleticism of the players at the higher tier/division.
- The physical aggressiveness of the player being affiliated AND the physical aggressiveness of the players at the higher tier/division.

Policy: In assisting all concerned (the player, parents, and coaches of both teams) understand the risks and responsibilities associated with such upward affiliation, the Raiders Lacrosse Club requires that the bottom portion of this form be completed in full, scanned and forwarded to the division coordinator of the player's original division prior to ANY affiliation of ANY Raiders player for the purpose of either play or practice at a higher tier/ division of play. This includes ANY affiliation to ANY RMLL governed team or organization.

Affiliate Player's Name: _____
Date of Birth: _____ Age _____ Division: _____ Affiliate Division _____

Head Coach Name _____ Contact # _____
Head Coach Signature _____

Affiliate Coach's Signature _____ Contact # _____
Affiliate Coach's Contact # _____

Specific of Date(s) of Affiliation: _____

Parent/ Guardian Signature: _____
Date: _____ Signature: _____

Please email completed forms to Division Director(s) for review and approval