

Beaumont Raiders Affiliation Form 2019

Philosophy: As a minor sport organization, we encourage skill development that challenges our young developing athletes. At times this challenge maybe 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: _____

Current Age Division & Tier: _____ Affiliate Age Division & Tier: _____

Current Coach _____ Affiliate Team Coach: _____

Current Coach’s Signature: _____ Affiliate Coach’s Signature: _____

Current Coach’s Contact # _____ Affiliate Coach’s Contact #: _____

Specific of Date(s) of Affiliation: (1) _____ (2) _____

(3) _____ (4) _____

Parent/ Guardian Signature: _____ Date: _____

Raiders Player’s Signature: _____ Date: _____

Raiders Purposes ONLY:

Date Received: () Completed in Full: () Division coordinator Advised: ()