

Grande Prairie Lacrosse Association Player Medical Information Sheet



PLAYER INFORMATION

NAME: _____ DOB: _____
LEGAL GIVEN NAME MONTH/DAY/YEAR

ADDRESS: _____
STREET, CITY, PROVINCE, POSTAL CODE

ALBERTA HEALTH CARE NUMBER: _____

PARENT CONTACT #1

NAME: _____ PHONE: _____ ALT: _____

ADDRESS: _____
STREET, CITY, PROVINCE, POSTAL CODE IF DIFFERENT THAN ABOVE

PARENT CONTACT #2

NAME: _____ PHONE: _____ ALT: _____

ADDRESS: _____
STREET, CITY, PROVINCE, POSTAL CODE IF DIFFERENT THAN ABOVE

ALTERNATE CONTACT: (In the event the above parent contacts are not available)

NAME: _____ PHONE: _____ ALT: _____

ADDRESS: _____
STREET, CITY, PROVINCE, POSTAL CODE IF DIFFERENT THAN ABOVE

MEDICAL INFORMATION:

DOCTOR'S NAME: _____ PHONE: _____

DENTIST'S NAME: _____ PHONE: _____

Please check the appropriate response

Medical History	Yes	No
Previous history of concussions? How many? And degree of concussion?		
Fainting episodes during exercise?		
Epileptic?		
Wears glasses? Are the lenses shatterproof?		
Wears dental appliance?		
Hearing problem?		
Asthma?		
Trouble breathing during exercise?		
Heart Condition?		
Diabetic?		

Medical History	Yes	No
Has had an illness lasting more than a week in the past year?		
Daily Medication?		
Allergies?		
Does your child have any health problems that would interfere with participation on a lacrosse team?		
Surgery in the past year?		
Has been in the hospital in the past year?		
Has had injuries requiring medical attention in the past year?		
Presently Injured?		

If you entered YES to any of the above questions, please provide details below:

Medication: _____

Allergies: _____

Medical Conditions: _____

Recent Injuries: _____

Last Tetanus Shot: _____

Any other relevant information: _____

Date of last physical exam:

**** Any medical condition or injury should be checked by your physician prior to participating in a lacrosse program ****

I understand that it is my responsibility to keep the team management advised of any changes in the above information as soon as possible. In the event no one can be contacted, team management can take my child to the hospital/M.D. if necessary.

I hereby authorize first responders, physicians and nursing staff to undertake examination investigation and necessary treatment of my child.

I also authorize the release of information to appropriate individuals (first responders, doctors, hospital staff) as deemed necessary.

Signature of Parent/Guardian: _____ DATE: _____

THIS FORM IS TO BE DESTROYED BY THE MANAGER OF THE TEAM AT THE END OF THE SEASON.



2025 PARENT AND ATHLETE CODE OF CONDUCT



The GPLA acknowledges the need to support our athletes, coaches, volunteers, and officials. We want to set the expectations regarding parent and player conduct and have developed this code of conduct to make this clear for all involved to ensure a successful season. Every parent/guardian and athlete will be asked to review this document, and then sign and return to your team manager. At any point in the season if the Code of Conduct is not followed you may be asked to leave an event. This could result in a warning or suspension of the parent/guardian or athlete.

Athlete: I hereby state that:

- I will use every effort to be a positive member of my team and always exhibit good sportsmanship during lacrosse.
- I will keep in mind that this is an extra-curricular activity and will keep my behaviour at an appropriate level so that I may participate with my teammates.
- I will attempt to attend and actively participate in every practice and event that is scheduled. If I am unable to make it, I (my family) will inform my coaches that I will be missing the event.
- I will practice and play to the best of my ability within the rules of lacrosse.
- I recognize that I am playing a team sport, my team's success is more important than my own personal success.
- I will not criticize the performance of another teammate, a coach's decision, a referee's call, or an opponent.
- I will respectably conduct myself at practices and games.
- I will not attempt ever to deliberately injure any other player during practices or games.

GPLA FAIR PLAY CODES FOR ATHLETES

1. I will participate because I want to, not just because my parents or coaches want me to.
2. I will play by the rules, and in the spirit of the game. I will control my temper – fighting and mouthing off can spoil the activity for everybody.
3. I will respect my opponents.
4. I will do my best to be a true team player.
5. I will remember that winning isn't everything – that having fun, improving skills, making friends, and doing my best are also important.
6. I will acknowledge all good players/performances – those of my team and my opponents.
7. I will remember that coaches and officials are there to help me. I will accept their decisions and show them respect.

I, _____ realize that failure to follow these regulations can and will result in loss of game time, and or suspension from athletic participation.

ATHLETES NAME and SIGNATURE: _____

Parent/Guardian: I hereby state that:

- I agree that I will not discuss any concerns from a game, practice or team event for 24 hours (cooling off period), before discussing the matter with a team official I will first discuss the issue with my child to determine if the issue needs to be addressed. If it needs to be addressed, I will approach the Team Manager or Coach concerning the process that is in place for the resolution of team issues.
- I will not approach the bench during or after a game or practice session. If my child is injured, I will wait for instructions from the Coach, Assistant Coach or Manager.
- I will not approach officials at any time under any circumstance during or after a game. If there is an issue, I will abide by the 24-hour cooling-off period above and communicate with team personnel.
- I will not publicly criticize players, coaches, officials, volunteers, or other parents. I will not be under the influence of alcohol, or any illegal drug while at games or practices and I will not use profane, insulting, harassing or otherwise offensive/derogatory language.

GPLA FAIR PLAY CODES FOR PARENTS

1. I will not force my child to participate in sports.
2. I will remember that my child plays sports for his/her enjoyment, not for mine.
3. I will encourage my child to play by the rules and resolve conflicts without resorting to hostility or violence.
4. I will teach my child that doing one's best is as important as winning so that my child will never feel defeated by the outcome of a game/event.
5. I will make my child feel like a winner every time by offering praise for competing fairly and trying hard.
6. I will never ridicule or yell at my child for making a mistake or losing a competition.
7. I will remember that children learn best by example. I will applaud good players/performances by both my child's team and their opponents.
8. I will never question the official's judgment or honesty in public.
9. I will support all efforts to remove verbal and physical abuse from children's sporting activities.
10. I will respect and show appreciation for the volunteer coaches who give their time to provide sports activities for my child.

PARENT(S)/GUARDIAN(S) SIGNATURE



GPLA SOCIAL MEDIA AND PHOTO RELEASE

As an association, GPLA strives to celebrate and promote our athlete's accomplishments in current and future seasons. With that in mind, we are asking permission to use images of your minor athlete on (but not limited to) our website and social media accounts.

GPLA has my permission to use my or my child's photographs and names publicly. I understand the images and names may be used in printed publications, online publications, presentations, websites, and social media.

Parent / Guardian signature: _____

Parent / Guardian name: _____

Child's name: _____

Date: _____