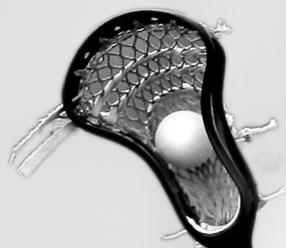


LAX @ LNSP:

Indoor High School Lacrosse League at Lost Nation Sports Park

2011-12



Contact

Doug Balzano at

(440) 728-0000 or

Ed Strauss at

(440) 602-4000 ext 225 or

estrauss@LNSportsPark.com



INDOOR LACROSSE REGISTRATION FORM (SIDE 1)

PLAYER INFORMATION:

Name		School / Team	
Street Address			
City		Zip Code	
Home phone		Cell phone	
E-mail address			
Date of birth	Grade in 11/12 school year	Age @ 1/01/2012	Years of playing experience

TEAMMATE REQUESTS

POSITION

- Attack
 Midfield
 Defense
 Goalie

REGISTRATION FEE

- Session #1 (\$85)
 Pinnie (\$20)
 Session #2 (\$95)

TOTAL: \$ _____



KEY FEATURES OF THE PROGRAM

LNSP is pleased to announce the return of our High School Boys' Indoor Lacrosse League.

THERE WILL BE TWO SESSIONS:

- (1) A 7-WEEK SESSION in November-December; and
- (2) AN 8-WEEK SESSION in January-February.



WEEKEND GAME TIMES: Games will be played on Sunday evenings with starting times from 7:00 PM - 9:00 PM.

TWO SESSIONS:

Session #1 (7-games)

Starting Sunday 11/06/11

Fees: \$85 per player
+ \$20 Reversible Pinnie

Session #2 (8-games)

Starting TBA

Fees: \$95 per player
+ \$20 Reversible Pinnie

EXCELLENT FACILITIES: Newly renovated boardless fields, with grass-like field turf surface & superior lighting & spectator amenities

PLAYING RULES:

7 on 7 play: 1 goalie, 2 defensemen, 2 midfielders & 2 attackmen

Duration: Games will include two 25-minute halves, with 5-minute half-time break

Full-size goals (not box goals)

Long sticks permitted for defensemen

MANDATORY EQUIPMENT:

Each player must bring a full set of equipment (helmet, shoulder pads, arm pads, gloves, mouth piece, rib guards & stick)

**Goalies must wear throat guards*

PINNIES:

Individual players must purchase a LNSP LAX reversible pinnie for \$20.

INDOOR LACROSSE REGISTRATION FORM (SIDE 2)

Waiver/Exclusionary Clause

I, the undersigned parent/guardian/participant, in enrolling at Lost Nation Sports Park (LNSP), understand that he/she/I, in attending any lacrosse program and using the facilities, does/do so at his/her/my own risk. LNSP and its owners, employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I does/do hereby fully and forever release, discharge, and hold harmless LNSP, all associated facilities, and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or rising out of any person's participation in any programs or use of its facilities. In addition, he/she/I agree(s) to follow the rules of play and conduct set by LNSP. He/she/I understand(s) that failure to do so may result in suspension from participation.

I also give permission for the free use of my child's/ward's name, picture, and/or likeness in any article, broadcast or other account of the lacrosse league, including but not limited to, promotion of future events or other promotional use.

Consents

I, the undersigned parent of/guardian of/participant

Name of participant

do hereby grant authority to the staff of Lost Nation Sports Park to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

Signature of Parent or Guardian

Date

PAYMENT INFORMATION

\$_____ Total Registration fee (see reverse)

Credit Card: MC VISA DISC

Card #

Exp date

Signature

Cash Check

CHECK NUMBER

NOTE: INDIVIDUAL WAIVER & RELEASE FORMS MUST BE SIGNED FOR EACH PLAYER