

Office Use Only

Stick Issued \_\_\_\_\_  
Ball Issued \_\_\_\_\_  
1<sup>st</sup> Class \_\_\_\_\_

# LAX LOCKER

## Scottsdale "Intro to Lacrosse" Clinics

### REGISTRATION FORM 2010



**Option 1 \$78** (Includes 1 "Intro Class" & New Stick & Ball to keep (Total value \$98)  
(Circle one)

**Option 2 \$39** (Includes 1 "Intro Class—player must provide own stick)

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Male or Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Child lives with: **Father** **Mother** **Both**

Father's & Mother's Name: \_\_\_\_\_

Phone (Best Contact): (\_\_\_\_) \_\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ (we communicate exclusively thru e-mail)

Emergency Contact: \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Health Ins Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

#### Waiver and Release

I/We verify that my child or myself is physically fit to play the contact sport of lacrosse for good and valuable consideration, receipt of which is acknowledged. I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the World Class Lax Lacrosse Clinics, its staff, officers, agents, representatives, employees, and successors of the county of Maricopa, its officers, employees, volunteers and any additional game venue that we may use during clinic play including their officers, agents and employees, from any and all rights and claims for damages, resulting from injury or property loss/damage which may be sustained or occur during participation in clinic activities whether said damages, injury or loss are due to negligence. I/We being the legal guardians of the applicant, authorize the World Class Lax Clinics and its agent's permission to request medical treatment as necessary to insure the well being of our dependent and agree not to hold any person, company or entities of World Class Clinics liable for those treatments.

Parent/Guardian Signature (18+): \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_  
(signature required by all)

Complete ALL information and make all checks payable to World Class Lax and mail to Lax Locker, 8980 E Indian Bend #1, Scottsdale, Az 85250—if paying by credit card fill out credit card box at the bottom of the application and either mail or fax 480-998-5552. Ph: 480-951-3529 e-mail: [albin@laxlocker.com](mailto:albin@laxlocker.com)

(Paying fee by credit card—fill out info in full---please print clearly)  
I authorize World Class Lax to charge my credit card the amt of \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ (Security Code): \_\_\_\_\_

Cardholder Printed Name: \_\_\_\_\_

Signature (Cardholder): \_\_\_\_\_