

LAX LOCKER REGISTRATION FORM

Fall 2009 Lacrosse Leagues (Chandler) Fee \$149

Circle One: Young Guns K-4th Jr League 5th -6th Middle League 7-8th

I am purchasing an equipment pak through Lax Locker- Deduct \$50 off my league fee. Yes No
I participated in an AYLL jr high program for 2009—Deduct \$25 off my league fee. Yes No

Player's Name: _____ DOB: ___/___/___ Grade: ___

Address: _____ City: _____ Zip: _____

Players Info: Ht: _____ Weight: _____ School: _____

Lacrosse Experience: Beg Int Adv (circle one)

AYLL Team played for in 2009 (6-8th only) _____ Pos Played _____
(All 2009 AYLL JHS Players receive a \$25 Discount)

Please fill out the following form completely.
Including your e-mail address. We communicate via e-mail.
Please print all info clearly.

US Lacrosse # _____ Exp _____
www.uslacrosse.org
(All Players must be a US Lacrosse Member)

Child lives with: (Circle one) Father Mother Both Other: _____

Father & Mother's Name: _____

Phone (Best Contact): (_____) _____ Phone 2:(_____) _____

E-Mail: _____ (we communicate via e-mail)

Emergency Contact: _____ Emergency Phone: (_____) _____

Health Ins Company: _____ Policy #: _____

Waiver and Release

I/We verify that my child is physically fit to play the contact sport of lacrosse for good and valuable consideration, receipt of which is acknowledged. I/We understand that my child must bring and wear proper equipment during play. I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Lax Locker Lacrosse League, 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 league activities whether said damages, injury or loss are due to negligence. I/We being the legal guardians of the applicant, authorize the Lax Locker Youth League 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 Lax Locker Leagues liable for those treatments. There are no pro-rations or refund of league fees due to injury, absence, sickness etc. All decisions are final by League Director.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___
(signature required by all)

Complete form and make checks payable to World Class Lax and mail to 7755 E. Redfield Rd, #600, Scottsdale, Az 85260---if paying by credit card, fill out credit card box below and either mail or fax 480-998-5552. Store Store phone: 480-951-3529. e-mail albin@laxlocker.com

(Paying fee by credit card—fill out info in full)	
I authorize World Class Lax to charge my credit card the amt of \$ _____	
Credit Card # _____	Exp Date: _____
Cardholder Printed Name: _____	
Signature (Cardholder): _____	