



# 2011 Lax Locker Girls Fall Lacrosse Instructional Sessions/League

Scottsdale, Mountain View Park  
6 Weeks--- October 16th- Nov-20<sup>th</sup>  
Open to all Girls K-12th Beg-Adv FEE: \$149\*



## Who

Girls Session—K-12 (1 Hour Instruction—1 Hour Game)

## What

Each session will feature Brianne and her coaching staff instructing teaching the latest in girl's lacrosse fundamentals and drills (1 hr) followed by 1 hr scrimmage, game situation or game session. All players get equal attention and play time and much 1 on 1 attention. There will also be additional scrimmages on Saturdays TBA.

## Where

Scottsdale Session @ Mtn View Park in Scottsdale every Sunday  
Behind Cochise Elementary School (86<sup>th</sup> St & Mtn View Rd)  
Optional Practices: Northsight Park 4:30- 6pm

## When

All sessions will be held Sundays.

K-8<sup>th</sup> 1:00- 3:00

9<sup>th</sup>-12<sup>th</sup> 3:30- 5:30

## Cost

K-12<sup>th</sup> \$149.00

## *Contact Info*

Brianne Ruzek (Women's League Director) E:Mail [Bmruzek@gmail.com](mailto:Bmruzek@gmail.com)

Albin Haglund (League Director) E:Mail [Albin@laxlocker.com](mailto:Albin@laxlocker.com)

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*Info on all our clinics, leagues, can be found on our website [www.laxlocker.com](http://www.laxlocker.com)*

# LAX LOCKER REGISTRATION FORM

## 2011 Fall Leagues (Mountain View Park) October 16<sup>th</sup>- November 20<sup>th</sup>

### K-12th Girls Fall Session--- \$149.00

I am registering 2 or more girls (same family)-- Deduct \$10 off my 2nd child etc.	Yes	No
I am registering as an early bird—Deduct \$20 off my league fee.	Yes	No
I am signing up for the Tues(\$75)., Thur(\$75). or Both.(\$150) additional practices.	Tues.	Thur. Both
Total League Charge \$ _____		

Player's Name: \_\_\_\_\_ D/O/B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_  
(Please Print)

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

Players Info: Ht: \_\_\_\_\_ Weight: \_\_\_\_\_ School: \_\_\_\_\_

Lacrosse Experience: None Clinics 1+yrs Adv Position Played \_\_\_\_\_

*Please fill out the following form completely.  
 Including your e-mail address  
 Print all info clearly & Black Ink*

US Lacrosse # _____	Exp _____
<a href="http://www.uslacrosse.org">www.uslacrosse.org</a>	
<small>(All Players K-12<sup>th</sup> must be a US Lacrosse Member)</small>	

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

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

Phone #1 (Best contact): (\_\_\_\_) \_\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_\_

E-Mail #1: \_\_\_\_\_

Email #2: \_\_\_\_\_ (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 & Binnar Enterprises Inc., 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 (Binnar Enterprises Inc.) 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 prorations or refund of league fees due to injury, absence, sickness etc. All decisions are final by League Director.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Player signature if 18+) (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: [Bmruzek@gmail.com](mailto:Bmruzek@gmail.com) or [albin@laxlocker.com](mailto:albin@laxlocker.com)

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I authorize World Class Lax to charge my credit card the amt of \$ _____	
Credit Card # _____	Exp Date: _____ (3 or 4 digit Code): _____
Cardholder Printed Name: _____	
Signature (Cardholder): _____	