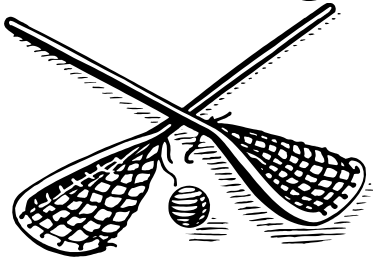




**2012 Lax Locker Girls Winter Lacrosse  
Instructional Sessions/League  
Scottsdale, Mountain View Park  
6 Weeks--- Jan 15th-Feb 26<sup>th</sup>  
Open to all Girls K-12<sup>th</sup> Beg-Adv FEE: \$149\***



**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.

**Where**

Scottsdale Session @ Mtn View Park in Scottsdale every Sunday  
Behind Cochise Elementary School (86<sup>th</sup> St & Mtn View Rd)

**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

**Sign Up Now—Don't Get Shutout!!—Spots are limited!!**

**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)

Phone: 480-951-3LAX (3529) Fax: 480-998-5552

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

# LAX LOCKER REGISTRATION FORM

2012 Winter Leagues (Mountain View Park)

K-12th Girls Winter Session--- \$149.00

I am purchasing an equipment pak through Lax Locker- Deduct \$25 off my league fee.	Yes	No
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 before Dec.1st—Deduct \$20 off my league fee.	Yes	No
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> (All Players K-12 <sup>th</sup> must be a US Lacrosse Member)
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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)

"Paying fee by credit card—fill out in full"

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): \_\_\_\_\_