

Lax Locker Registration Form (K-12th)

2011 Fall Leagues (Scottsdale) Oct 16—Nov 20

Circle One: Mini Guns (K-2nd) \$179 Jr Guns League (3-6th) \$225
Middle Guns League (6-8th) \$225 High School (9-12th) \$225

Lax Locker Use Only

Credit Check Cash

Date : _____

Amt: _____

I am registering before Aug 22, 2011 for Early Bird Discount—Deduct \$25 off league fee **Yes**
I am purchasing an equipment pak through Lax Locker- Deduct \$50 off my league fee. **Yes**
I played for an AYLL 2011 team (6th -11th)---Deduct \$25 off my fee **Yes**
I am registering 2 or more boys (same family)---Deduct \$25 off my 2nd child etc. **Yes**
I am registering for 4 additional practices (Tu or Thurs) add \$75 for the 4 sessions **Yes**
I am registering for 7 optional practices (Tu & Thurs) add \$95 for the 7 sessions **Yes**
Total League Charge \$ _____

If possible I would like to request to be teamed with (2 choices) #1 _____ #2 _____

3rd-12th Players (Circle One)---Shorts size is **XXS XS SM Med Lg XL XXL**

Player's Name: _____ D/O/B: ____/____/____ Grade: _____
(Please Print)

Address: _____ City: _____ Zip: _____

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

Lax Experience: **Beg Int Adv** (2011 AYLL Team): _____ **Pos:** _____
(Circle One) (If applicable 6th-11th)

*Please fill out the following form completely.
Including your e-mail address.
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's & Mother's Name: _____

Phone #1 (Best contact): (____) _____ Phone #2: (____) _____

E-Mail 1: _____ (we communicate via e-mail)

E-Mail 2: _____

Emergency Contact: _____ Emergency Phone: (____) _____

Health Ins Company: _____ Policy #: _____

Lax Locker 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 pro-rated or refund of league fees for injury, cancellations, weather, absences, sickness, vacation, school breaks etc. All decisions are final by League Director.

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

Complete ALL information and make all checks payable to **World Class Lax** and mail to
8980 E Indian Bend #1, Scottsdale, Az 85260—if paying by credit card fill out credit card box at the bottom of
the application and either mail or fax **480-998-5552**. Store Ph: 480-951-3529 e-mail: albin@laxlocker.com

I authorize World Class Lax to charge my credit card the amount of \$ _____

Credit Card # _____ Exp Date: _____ (3/4 # Code): _____

Cardholder Printed Name: _____ Signature : _____

“Paying fee by credit card—fill out in full”-----Please print clearly, sign and include all info