

# Lax Locker Registration Form (K-12<sup>th</sup>)

## 2009 Fall Leagues (Scottsdale) Oct 11-Nov-22

Lax Locker Use Only

Credit Check Cash

Date : \_\_\_\_\_

Amt: \_\_\_\_\_

Circle: Chumash (K-2<sup>nd</sup>) \$199 Jr. Young Guns (3-4<sup>th</sup>) \$225  
Young Guns (5-6<sup>th</sup>) \$225 Middle Guns (7-8<sup>th</sup>) \$225 High School (9-12<sup>th</sup>) \$225

I am purchasing an equipment pak through Lax Locker- Deduct \$50 off my league fee.	Yes	No
I played for an AYLL team in 2009 (team: _____) deduct \$25 off my fee	Yes	No
I am registering 2 or more boys (same family)---Deduct \$25 off my 2 <sup>nd</sup> child etc	Yes	No
I am registering for 1 added optional practice (Tu or Thurs) add \$75 for the 5 sessions	Yes	No
I am registering for 2 added optional practices (Tu & Thurs) add \$125 for the 10 sessions	Yes	No
<b>Total League Charge</b>	\$ _____	

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

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

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

Lax Experience: Beg Int Adv (2009 AYLL Team): \_\_\_\_\_ Pos: \_\_\_\_\_  
(Circle One) (If applicable 6<sup>th</sup>-11<sup>th</sup>)

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

US Lacrosse # \_\_\_\_\_ Exp \_\_\_\_\_  
[www.uslacrosse.org](http://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 #: \_\_\_\_\_

### 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(signature required by all)

Complete ALL information and make all 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 at the bottom  
of the application and either mail or fax 480-998-5552. Store Ph: 480-951-3529  
e-mail: [albin@laxlocker.com](mailto:albin@laxlocker.com)

"Paying fee by credit card—fill out in full"—Please print clearly	
I authorize World Class Lax to charge my credit card the amount of \$ _____	
Credit Card # _____	Exp Date: _____
Cardholder Printed Name: _____	Signature : _____