

Lax Locker Registration Form (K-12th)

2010 Spring Leagues (Scottsdale) Apr 18-May 23

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

Lax Locker Use Only

Credit Check Cash

Date : _____

Amt: _____

I am purchasing an equipment pak through Lax Locker- Deduct \$50 off my league fee.	Yes	No
I played for an AYLL 2010 team (6 th -8 th) (team: _____) Deduct \$25 off my fee	Yes	No
I am registering 2 or more boys (same family)---Deduct \$25 off my 2 nd 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
Total League Charge	\$ _____	

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

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

Address: _____ City: _____ Zip: _____

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

Lax Experience: Beg Int Adv (2010 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-rations 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 or 4 digit Code): _____

Cardholder Printed Name: _____ Signature : _____

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