



**Lax Locker 5<sup>th</sup> Annual Summer Indoor Lacrosse**  
**Arizona Sports Complex—Glendale, Az**  
**July 12—Aug 16**  
*(4 Leagues—All ages---K-12<sup>th</sup> & Men's—Beg thru Advanced)*  
**“Coolest 6 weeks of Lacrosse”**



***Indoors, Air-Conditioned, “Tuff Turf”***

It doesn't get much better than this, the Arizona Sports Complex features a state of the art facility with glass viewing area and snack bar. Indoor lacrosse is the best and fastest way to better your stick skills, especially shooting, dodging and it is great for conditioning. The ball is continually in play. Box goals, box goalies and refs.

**Who**

Jr League—K-5<sup>th</sup> Grade Boys (30 min Instruction—30 min game)

Middle League (6<sup>th</sup>-8<sup>th</sup>) (1 hr games)

High School League (9<sup>th</sup>-12<sup>th</sup>) (1 hr games)

Men's Competitive League (18+) (1 hr games)

**When**

All sessions will be held Sunday afternoon/evenings. Session times will vary according to registrations. **However due to time and field constraints all Divisions will be limited to a total of 56 players max.** This indoor session is one of our most popular. Younger divisions will play earliest followed in order (TBA).

Goalies 6<sup>th</sup>-Men's Divisions play for FREE.

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

**Where**

The Arizona Sports Complex is located at 3555 W. Pinnacle Peak Rd. Phx, Az 85310. The complex is located just west of I-17 on Pinnacle Peak Rd and 35<sup>th</sup> Av. Snack Bar, floor length glass viewing area for spectators, state-of-the-art facility.

**Cost**

K-12<sup>th</sup> League Fee is \$139

Men's League \$109

**Contact Info**

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

2009 Summer Leagues (Arizona Sports Complex)

**Circle and/or fill in:** Jr League K-5<sup>th</sup> \$139 Middle League (6<sup>th</sup>-8<sup>th</sup>) \$139  
High School (9<sup>th</sup>-12<sup>th</sup>) \$139 Men's (18+) \$109

Note: Men's Players 18+ need not be a member of US Lacrosse, men's players need only fill out top form and best contact phone & e-mail address on form below.

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 \_\_\_\_\_  
[www.uslacrosse.org](http://www.uslacrosse.org)  
(All Players K-12<sup>th</sup> 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: \_\_\_\_\_ (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 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/ 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"

I authorize World Class Lax to charge my credit card the amt of \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Cardholder Printed Name: \_\_\_\_\_

Signature (Cardholder): \_\_\_\_\_