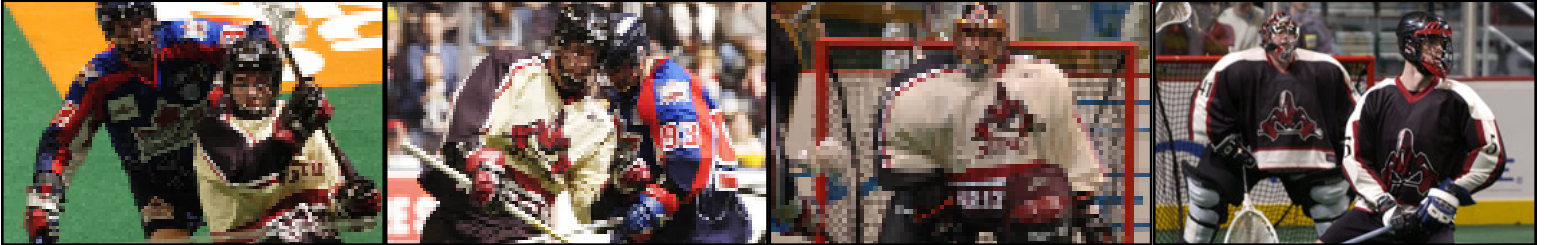




LAX LOCKER 7TH ANNUAL MEN'S COMPETITIVE INDOOR LACROSSE LEAGUE

Arizona Sports Complex (Pinnacle Peak & 35th Ave.)



Hottest 6 Weeks of Lacrosse Jan 17-Feb-21

It doesn't get much better than this!! Come play in one of the finest indoor facilities in the Valley. The ASC has "Tuff Turf" & fully enclosed rink. Spectators have great viewing from the glass bleacher area. Snack Bar available on site!!

Bring your "A" game as the men's players showcase their talents each week.

Who & When & Where

The new 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 35th Av. Snack Bar---state-of-the-art facility.

Men's Competitive League 18+

Sunday Game Times are 6:30 & 7:30-1 Hr League Games

Maximum 4 teams-Form your own team or we will place you

Teams will be limited to a total of 12 players + Goalie

GOALIES PLAY FOR FREE

Men's League will play 6 consecutive Sundays Jan 17-Feb 21

Cost

Men's League Cost is \$109

Includes team jersey

Register Early—Don't get Shutout!!

For sign up—more information contact

LAX LOCKER www.laxlocker.com

Coach Albin Haglund @ 480-951-3529 e-mail: albin@laxlocker.com



REGISTRATION FORM

MEN'S COMPETITIVE INDOOR LACROSSE LEAGUE

Player's Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Players Info: Ht: _____ Weight: _____ School: HS or Col _____

Lacrosse Experience: (circle one) None Clinics 2 yrs Advanced

Please fill out the following form completely. Including your e-mail address. We communicate via e-mail. Please print all info clearly.

Spouse's Name: _____

Home Phone: (____) _____ Wk/Cell Ph: (____) _____

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

Emergency Contact: _____ Emergency Phone: (____) _____

Health Ins. Co.: _____ Policy #: _____

Waiver and Release

I verify that I am physically fit to play the contact sport of lacrosse for good and valuable consideration, receipt of which is acknowledged. I understand that I must bring and wear proper equipment during play. I the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Lax Locker Lacrosse League, 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 being applicant, authorize the Lax Locker League and its agent's permission to request medical treatment as necessary to insure the well being of myself and agree not to hold any person, company or entities of Lax Locker Leagues liable for those treatments. There are NO refunds on League fees (absences, sickness, injuries etc).

Player's 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 Rd., #D1, Scottsdale, Az 85260
if paying by credit card fill out credit card box at the bottom of the application and either mail or fax to:
480-998-5552 Store Ph: 480-951-3529 e-mail: albin@laxlocker.com

(Paying fee by credit card—fill out info in full)

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

Credit Card # _____ Exp Date: _____

Cardholder Printed Name: _____

Signature (Cardholder): _____