

LAX LOCKER

REGISTRATION FORM

Winter Youth 2010 Leagues K-8th (Scottsdale)

Circle One League::

Chumash (K-2nd) \$179 Junior (3rd -6th) \$225 Middie (6th -8th) \$225

I am purchasing an equipment pak through Lax Locker- Deduct \$50 off my league fee. Yes No
 (7th -8th only) I am participating on a 2010 AYLL team—Deduct \$25 off my league fee. Yes No
 Please sign me up for an AYLL Under 6th Grade Regional Team.....Add \$75 to my fee Yes No

Player's Name: _____ D/O/B: ____/____/____ Grade: _____

Address: _____ City: _____ Zip: _____

Players Info: Ht: _____ Weight: _____ School: _____
 (All New Players make sure you put correct Ht & Weight if ordering equipment)

2010 AYLL Team: _____ (6th thru 8th Grade only)

Lacrosse Experience: None Clinics 2 yrs or less Advanced

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

US Lacrosse # _____ Exp _____ (All Players must be a member) www.uslacrosse.org

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: ____/____/____

(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 85250—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

"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): _____	