Spring Lake Park Boys Lacrosse Club
Registration 2010
grades 6-8

Community Education

*Return by **March 1, 2010** along with fees to Community Education, 1415 81st Ave. NE, Spring Lake Park 55432*

All items are REQUIRED: No registration accepted without complete information and payment

_____

First Name Last Name Birthdate MMDDYY Address City Zip

_____ _____/_____

home phone number *(include area codes)* current grade & school student attends PLAYER CELL PHONE #

player e-mail: _____ PARENT e-mail _____

to receive electronic confirmation of registration

- **Registration Fee**: **$250*** for both Spring and Summer Leagues or **$150** for either Spring or Summer League
- *Payment plan of $150 now and $100 due by May 1 for summer league available
- **Deposits** An additional **$150 deposit check** is required for the use of the team helmets and jersey and will be held until items are returned. Deposits are NON-REFUNDABLE after June 1. Deposit Checks not refunded will be received by the Lacrosse Club as donations, thank you! Deposit checks should be made out to SLP Lacrosse.
- **US LACROSSE MEMBERSHIP:** All players MUST be a US Lacrosse member for the entire season. A current membership number MUST be presented at registration or before participating in ANY practice or game play. www.uslacrosse.org

  My US Lacrosse membership number is _____ *expiration date:* _____ *verified* _____
- **Participant Medical Information:** List any special needs or pre-existing medical conditions:

- **Parent/Guardian Agreement:** I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the SLP Lacrosse Club (SLPLC) and US Lacrosse (USL). Recognizing the possibility of physical injury associated with the sport of lacrosse, which is a contact sport, I hereby release, discharge and/or otherwise indemnify the MLA, SLPLC, USL, any and all associated schools, city and league facilities and staff and associated personnel against any claim by or on behalf of the registrant as a result of the registrants participation in the lacrosse. As the parent or legal guardian of the registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

_____

parent or guardian signature (required) PRINT parent name here Parent daytime phone #

_____ Date _____

student/participant signature (required)

(optional) Visa or MasterCard # _____ Expiration (MM/YY) _____

For office use only:

Registration Cash/Check# **Uniform Deposit Cash/Check #**

SLP Boys Lacrosse Club is a club sport sponsored by ISD 16 Community Education, 763-786-1338