

2008 Summer Womens Lacrosse League (at Hopkins)

Schedule: 7 weeks - Sundays - 6/22, 7/6, 7/13, 7/20, 7/27, 8/3, 8/10 (*no games 6/29*) – Noon-4pm
(Regulation games – 1hr 20 min per game, 1 game per week / No clinic or practice time)

Location: Football turf field at Hopkins High School

Cost: \$85 per player. Bring stick, approved goggles, mouth guard, cleats & water

Who can Play: High school grads, college players & older

Registration and Consent Form

Please complete and return this registration form along with your \$85 check (*make checks out to "Lacrosse Connections, LLC"*) by **June 1, 2008** to:

Lacrosse Connections, Summer Sunday Womens League, 12698 84th Place North, Maple Grove, MN 55369

Player Name _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Phone (H) (____) _____ (C) (____) _____ T-shirt size: **S M L XL XXL** (circle one)

Age: ____ # Years Played: ____

*** US Lacrosse Membership #: _____ Membership Expiration Date: _____

(players must be members to play! / go to www.lacrosse.org/membership/index.phtml to get your US Lax number / expiration date or to sign up)

Player Consent and Agreement

- Acceptance of Participation:** In accordance with the rules of the 2008 Summer Sunday Hopkins Womens Lacrosse League I give my consent and approval to play lacrosse. I certify that I am an active member of US Lacrosse (as a player) and will remain so throughout the league.
- Readiness to Compete:** I believe I am physically and psychologically prepared to compete in 2008 Summer Sunday Hopkins Womens Lacrosse League events.
- Medical Attention:** I hereby give my consent to the 2008 Summer Sunday Hopkins Womens Lacrosse League to provide through medical staff of its choice, transportation and emergency medical services as warranted in the course of my participation in 2008 Summer Sunday Hopkins Womens Lacrosse League events.
- Waiver and Release:** I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs and personal representatives, that the 2008 Summer Sunday Hopkins Womens Lacrosse League, Lacrosse Connections, LLC, and the host facility, along with coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the league.
- Approved Equipment:** I hereby certify that all equipment (including goggles, goalie helmets, lacrosse sticks, and all other gear) used by me in the 2008 Summer Sunday Hopkins Womens Lacrosse League meets the standards required by US Lacrosse.

Player Signature: _____ Player Printed Name: _____ Date: _____

Participant Primary Insurance Carrier: _____ Policy Number: _____

Paid for and distributed by Lacrosse Connections, LLC / NO REFUNDS, unless the league is cancelled due to poor response
The 1st 144 players will be accepted (6 full teams – 1 goalie per team) / **THIS LEAGUE WILL FILL VERY QUICKLY!!!**

Any questions, contact Dave at 763-391-6494 or at dholdsworth@oldhomefoods.com

Spots assigned when your application is received (postmark date) / NO HOLDING SPOTS VIA EMAIL OR PHONE

Send your form even if your USL # hasn't arrived yet, and follow up later when it does

League Web Site: www.LaxConnections.com (rosters, directions, team schedules, etc.)

Checks may be deposited at any time, from the date of receipt until after the league...

If games are cancelled due to field problems or bad weather, they will not be made up and no refunds will be given...

