

# REGISTRATION FORM

(PLEASE PRINT)

Player's First Name                      Last Name

Address

City                      State      Zip

Phone

Emergency Phone

School                      Grade

Age                      Experience

E-mail (All correspondence sent via e-mail)

Playing With/Team

US Lacrosse Member #

(Required: Go to [www.lacrosse.org/membership](http://www.lacrosse.org/membership) to join)

- Boys League
- Girls League

By submitting this application to Metro Lacrosse; I affirm that I have read and agree to the policies and hereby accept the terms of enrollment described in this brochure. Furthermore, I agree to pay all league fees and fill out all necessary information.

Signature

Make check payable and mail to:

Metro Lacrosse

423 Monticello Dr, St. Louis, MO 63011

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423 Monticello Dr.

St. Louis, MO 63011



**SPRING 2010**

**MARCH 29TH – MAY 23RD**

**BOYS AND GIRLS**

**3<sup>RD</sup> GRADE THROUGH 8<sup>TH</sup> GRADE**

**WWW.STLMETROLACROSSE.COM**

Metro Lacrosse is committed to supporting and developing the growth of youth Lacrosse throughout the St. Louis area. Metro Lacrosse is also in charge of promoting lacrosse in a safe and sportsmanlike environment. This youth lacrosse league is dedicated to working closely with the individual players to develop their skills while making it a fun learning experience for all.

Visit [www.stlmetrolacrosse.com](http://www.stlmetrolacrosse.com) for more information about the league, the sport, and so much more. You can also call 314-496-6086 or e-mail us at [metrolacrosse@yahoo.com](mailto:metrolacrosse@yahoo.com).

**2010 League Dates and Prices**

**LEAGUE DATES:** Monday March 29th through Sunday May 23rd

**LEAGUE PRICE:** \$200 per player

**Other Discounts Available!**  
 \$185 - Sibling discount: 2 or more enrolled  
 Team Discounts available: Please email us for more information.

**League Highlights**

- Designed for players 3<sup>rd</sup> Grade to 8<sup>th</sup> Grade
- Superior instruction from College Players, College Coaches, and Former Players, and Current High School Varsity Players
- Average 9:1 player to coach on field rate
- Everyday emphasis on positional, fundamentals, drills and scrimmages
- All players receive Custom League Jersey and League Package
- Prizes for outstanding play, sportsmanship and improvements

**Basic Information**

**Location of Practice:** Maryland Heights Sportport (See address below)  
**Location of Games:** Maryland Heights Sportport (See address below)

**Dates:** Monday March 29th through Sunday May 23rd

**Times:** Practice - Monday and Wednesday 6:30p.m. -8:00p.m.

**Games – Sunday (Times TBD)**  
**Game Dates – April 11<sup>th</sup>, 18<sup>th</sup>, 25<sup>th</sup>;**  
**May 2<sup>nd</sup>, 9<sup>th</sup>**  
**Tournament – May 23rd**  
**Rainout Day – May 31st**  
**Age Groups:** 3<sup>rd</sup> Grade to 8<sup>th</sup> Grade  
 Boys and Girls

**Required Equipment:** Provided by Player  
**Boys –** Lacrosse stick, helmet, mouth guard, gloves, shoulder and arm pads  
**Girls –** Lacrosse stick, goggles, and mouth guard

**Rainout/Refund/Cancellation Policy**

If a practice is rained out, it will not be made up. If there is a rainout with a game, there will be one weekend that will be scheduled for a rainout makeup. There will be no refund given due to rainouts.

If an application is withdrawn before the season for any reason, a \$45.00 fee per player will be taken out of payment made to applicant. There will be no refunds during the season.

**Sportport Complex Location**

**Sport Port Complex Location**  
 12525 Sportport Rd  
 Maryland Heights, MO 63146

**Metro Lacrosse Waiver of Liability and Medical Consent**

I hereby request that my child or ward be enrolled in the Metro Lacrosse. I fully understand that the coaches, league facility, and sponsors assume no legal liability for injuries or as a result of such participation. I also authorize that camp/league directors to act in their best judgment in and emergency situation requiring medical attention. I shall use our family medical insurance at the primary carrier in the event of an injury. I have read the Amateur Athletic Waiver and Release of Liability on the application and hereby sign in agreement.

Parent/Guardian (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Family Medical Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Amateur Athletic Minor Waiver & Release of Liability** --In consideration of being allowed to participate in the Metro Lacrosse, related events and activities the undersigned:

- Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she inspect the facilities and equipment to be used, and if the participant believes that anything is unsafe, he or she should immediately advise his or her coach of such conditions and refuse to participate.
- Acknowledge and fully understand that each participant will be engaging in activities involving risk or serious injury, including permanent disability and death, and severe social and economic losses which might result not from their own activities, inaction, or negligence, but the action, inaction, or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
- Assume all the foregoing risk and accept personal responsibility for the damages following injury, permanent disability, or death.
- Release, waive, discharge, and covenant not to sue Metro Lacrosse, its affiliated administration, other participants, directors, coaches, other employees of the organization, other participants, sponsors, adversaries, or camp facility from any and all claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release's.

**I/we have read the above waiver and release and guidelines of this league, understanding that we have given up substantial rights by signing it and do so voluntarily.**  
 Please sign and print your name and the player's name

X \_\_\_\_\_

X \_\_\_\_\_

**Metro Lacrosse**  
 423 Monticello Dr.  
 St. Louis, MO 63011

**E-mail:** [metrolacrosse@yahoo.com](mailto:metrolacrosse@yahoo.com)