

# BOY'S UPSTATE LACROSSE

## Fall Lacrosse League

**Upstate Lacrosse** will be conducting a fall lacrosse league for boys ages 9 thru 15. The league will start Saturday September 27<sup>th</sup> 2008 and run two times a week (Wednesday and Saturday) for 7 weeks.

We will post a complete practice schedule on our website, [www.all-southlacrossecamp.com](http://www.all-southlacrossecamp.com) and click on Upstate Lacrosse, after registration are complete. All boys will need to have their own equipment and be a member of [US Lacrosse](http://www.uslacrosse.com).

This league will be an instruction league but focusing lacrosse fundamentals and team play. We will also have team scrimmages during the fall.

Location: Pavilion Recreation complex

Cost: \$ 135.00 Includes Reversible Pinnie

### **Registration Form:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Position: \_\_\_\_\_ Lacrosse experience: yes \_\_\_\_\_ no \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: Address: \_\_\_\_\_

US Lacrosse Membership #: \_\_\_\_\_

Insurance Information: Company \_\_\_\_\_ Policy # \_\_\_\_\_

In consideration of your acceptance of this registration form for participation in the Upstate Lacrosse League, I hereby assume full responsibility for any injury or illness that may result in the pursuit of the activity of the league. I understand that playing the sport of Lacrosse there is a risk of injury. I do hereby expressly remiss, release and forever discharge coaches and administrative staff from any and all action, suits, damages, or judgments that may result from any injury or damage that my child may sustain.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Mail Registration forms to Upstate Lacrosse, 294 Laurel Road, Central SC 29630

