



3921 Roundtable Court  
St. Louis, MO 63129  
Phone: (314) 487-2694  
[www.StLouisLax.com](http://www.StLouisLax.com)

**VARSIY Boys HS Summer Lacrosse Program 2010**  
**Returns on Thursdays starting June 10<sup>th</sup>.**

**SUMMER LACROSSE LEAGUE**  
**AB Soccer Park Center Fenton, MO**

**June 10<sup>th</sup> through August 5<sup>th</sup>**

**\$10.00 Discount with Registrations received by May 20<sup>th</sup>**  
**Late fees will be assessed on May 31<sup>st</sup>**

St. Louis Lax is offering the Boys VARSITY HS Players Summer Lacrosse League this Summer at the AB Soccer Park Center in Fenton, MO.

The Boys VARSITY HS Players League will be on Thursday beginning June 10<sup>th</sup> at 6:00 PM. The games will be played every Thursday evening from June 10, 2010 and continue thereafter on each successive Thursday with the exception of July 1<sup>st</sup> due to Professional Soccer United Team schedule. The Varsity Summer League will end on Thursday August 5<sup>th</sup>. Two approved Missouri Lacrosse officials will be officiating at each game.

All players will receive team jerseys schedules on the night of their first game on June 10th.

This is a regulation full contact program and requires each player to wear all MSLA required equipment, including helmet, shoulder pads, arm pads, gloves athletic supporter and mouth guard during every game.

**The schedule of games will be as follows:**

All games are on Thursday evenings on Field No. 2 and 3, with 3 games in succession starting at 6:00 PM; 7:20 PM and 8:40 PM lasting for one hour per game. Schedules will be available at the first game.

The league fee for the eight (8) week Summer Program is \$135.00. If you register by May 20<sup>th</sup> you will receive a \$10.00 discount. If you register after May 31, 2010 there will be a \$25.00 Late Fee charged with your registration fee.

Goalie's fee for the eight (8) week Summer Program is \$75.00. Receive a \$10.00 discount if you register by May 20, 2010.

**Registration can be paid by credit card by going to [www.stlouislax.com](http://www.stlouislax.com)**

## Waiver and Release of Liability

I \_\_\_\_\_, residing at \_\_\_\_\_, has not accepted any inducement for and in consideration of my being allowed to participate in the St. Louis Lax Summer Lacrosse League, do hereby agree, for myself, my family or heirs, that St. Louis Lax, its principals, employees or anyone associated with the Program or the facilities of the St. Louis Soccer United and the (AB) Sports Centre, its parent company In or any AB entity and any and all of their employees shall not be liable for any claims, liabilities, losses, damages, injuries, demands, actions, causes of action, suits, proceedings, judgements and expenses, including attorneys' fee, court costs and other legal expenses arising from or connected with any personal injuries, including death, and /or damage to property that I may sustain in any way which result from or arise, directly or indirectly, out of my preparation for or participation in the League/Program. Including but not limited to, those caused by the negligence of any of the parties of the League/Program.

I further grant the above covered parties and their respective successors and assign the perpetual worldwide and royalty-free rights to use, with the possibility of sale for the profit of the covered parties, my child's voice, photograph, and likeness, in any media related to my child's participation in this event or any activities relating to the event conducted by the covered parties including, without limitation, a videotape recording, without compensation to me, or my personal representatives, assigns, heirs, children, dependents, spouse and relatives. I also agree that contact information for both me and my child may be provided to businesses that are contributing to the event in a supporting role.

I warrant that \_\_\_\_\_ (participant) is in good health and have no physical condition that would prevent or hinder their participation in the Program and agree to wear appropriate protective equipment while participating in the Program.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Player, Parent or Guardian Signature is Required to Participate

### Player Profile Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

High School \_\_\_\_\_ Email: \_\_\_\_\_

Parents Names: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone No. \_\_\_\_\_

**Please contact Marc Garcia with any questions at 314-487-2694**