

LACROSSE

2008 Summer Youth - Boys & Girls – Registration

Lacrosse teams are now forming for boys in grades 3rd thru 8th and girls in grades 5th thru 8th. The Boys divisions will be 3/4, 5/6, & 7/8. Teams will practice 2 evenings per week plus scheduled game times. The season begins end of May and runs through July. Fields are located in Blaine, Lino Lakes, Ham Lake and Andover. Emphasis is on skill development, sportsmanship, and fun!

Participants are required to be members of US Lacrosse. Members will receive comprehensive insurance coverage, Lacrosse magazines, plus other benefits. To become a member and to learn more, register online at www.lacrosse.org. The youth membership fee is \$25 and is paid directly to USL in addition to the participation fee of \$115.

ALL players will need to be current as of March 2008 with their US Lacrosse numbers. If your player's number expires some time during this season, you will still need to renew in March 2008, before the season starts. ALL players must show proof of lacrosse number and expiration date at time of registration or you will be asked to mail it in when you are current.

Mail-In Registration: Mail registration form and payment of \$115, along with your US Lacrosse membership number and expiration date to: Andover Area Lacrosse Assoc., PO Box 48062, Coon Rapids, MN 55448. Registrations must be post marked by **April 30, 2008**. Late registrations must include a \$25 late fee.

In-Person Registration: Monday, April 14, 2008 from 6:00 to 8:30 p.m. at the Andover City Hall (Lunch room)
Tuesday, April 15, 2008 from 6:00 to 8:00 p.m. at Anoka Ice Arena
Wednesday, April 16, 2008 from 6:30 to 8:30 p.m. at Andover Rec Center (YMCA)

Registration forms will be at the above locations. League information and equipment requirements are available on our web site at www.AndoverAreaLacrosse.com. A.A.L.A. is a registered non-profit 501(c) (3). **Make checks are payable to AALA**

Cut here and return bottom half of this form. Please keep the top half for your records.

2008 Summer Youth Lacrosse

Offered by Andover Area Lacrosse Association * PO Box 48062 * Coon Rapids, MN 55448 www.AndoverAreaLacrosse.com

Date _____ School & Grade May 2008 _____

Name _____ Male or Female (circle one) New or Previous Player (circle one)

Address _____ US Lacrosse Member # _____ Exp. Date _____

City & Zip _____ Jersey size: Youth M, L, XL Adult S, M, L, XL (circle one)

Parents/Guardians Name _____

E-mail _____ Home Phone # _____

Cell Phone # _____ Work Phone # _____

I am willing to volunteer as: Coach Asst. Coach Team Manager Time Keeper Fund Raising
(CIRCLE all that apply) Paid Game Official Board Member

All volunteer coaches and assistant coaches will need to submit to a confidential background check with A.A.L.A. The Andover Area Lacrosse Association will place players on a team based on grade at time of registration. Efforts will be made to fulfill placement requests, but such requests are not guaranteed.

Please complete both sides of form



ANDOVER AREA LACROSSE ASSOCIATION

Our mission is to promote excellence and integrity in our players and volunteer staff throughout the community, among their families and on the playing field.

Our focus is to create a safe, positive, and fun environment firmly rooted in:

- player and skill development for all levels
- healthy competition where fairness, sportsmanship and team play are fostered, developed and role modeled
- respect for other players, coaches, officials and teams
- Player and coach commitment to hard work and the development of the sport of lacrosse.

Equipment: Full gear must be worn for all practices and games. Full gear for boys consists of a lacrosse helmet (black preferred), mouth guard, shoulder & elbow pads, athletic cup, stick, and lacrosse gloves (black preferred). Full gear for girls consists of a stick, mouth guard and ASTM certified youth goggles. Additional gear for Goalie will be supplied by the association.

Cut here and return bottom half of this form. Please keep the top half for your records.

Participant's Name _____ **Birth date** _____

Recognizing the possibility of physical injury associated with the sport of lacrosse, I hereby release, discharge and or otherwise indemnify the Andover Area Lacrosse Association, its affiliate associations, member teams, event hosts and each of them and their directors, officers, employees, operators, trustees, members and agents against and from any and all claims, expenses, costs, damages, loss, accidents, fines, judgments, awards, liabilities and causes of action as a result of the registrant's participation in the sport of lacrosse. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport of lacrosse. All such risks to my child are known and understood by me.

Parent/Guardian Signature _____ Date _____
Player Signature _____ Date _____

Consent for Medical Treatment:

As a parent or legal guardian of the player listed above, I hereby give my consent to Andover Area Lacrosse Association to provide emergency medical treatment of an injury or illness of my child if qualified medical or dental personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Parent/Guardian Name (**PRINT**) _____ Date _____

Parent/Guardian Signature _____

Cell Phone _____ Work Phone _____ Home Phone _____

Health Care Provider _____ Policy # _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

Pre-existing medical conditions (allergies, medications or chronic illness)

Other Contact in case of emergency _____ Phone _____

Please complete both sides of form