

3921 Roundtable Court

St. Louis, MO 63129

Phone: (314) 583-1694

www.SaintLouisLax.com

**Boys High School Team Lacrosse Program 2019**

**Mondays starting June 17th.**

June 17th through July 29th -

**\*\*\*\*\*\*\*\*THIS WILL BE THE 2ND YEAR AT OUR NEW LOCATION \*\*\*\*\*\*\***

LOU FUSZ SOCCER COMPLEX

**2155 CREVE COEUR MILL RD, ST LOUIS, MO 63146**

**LATE FEE WILL BE APPLIED AFTER JUNE 1, 2017**

**St. Louis Lax is offering the Boys HS TEAM Summer Lacrosse League this summer at the.**

LOU FUSZ SOCCER COMPLEX AT 2155 CREVE COEUR MILL RD, ST LOUIS, MO 63146

**The Boys HS TEAM League will be on Mondays beginning June 17th. The games will be played Monday evening from June 17, 2019 and each successive Monday evening. The Team Summer League will end on Monday July** 29th**. Two officials will be officiating at**

 **each game.**

**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 Monday evenings on the turf fields lasting for one hour per game. Schedules will be posted on our website by June 12th.**

**The league fee for the seven (7) week Summer Program is $125.00. If you register after**

**June 1st there will be a $25.00 Late Fee charged with your registration fee.**

**Goalie’s fee for the seven (7) week Summer Program is $70.00.**

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

**Or by mailing a check to St Louis Lax, 3921 Roundtable Ct., St Louis, MO 63129**

**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 Lou Fusz Soccer Complex 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grad Year: \_\_\_\_\_ Players Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Players Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**US Lacrosse # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please contact Jeff Garcia with any questions at 314-583-1694**

 **2019 High School Team Summer League**