

## 2011 Seneca Area Fall Ball LAX Program

### PLAYER INFORMATION (*PLEASE PRINT*)

Player 1 Name	_____
	Last M. First
US Lacrosse number	_____ Cell Phone _____
Date of Birth	_____ 2011 - 2012 School Grade _____
	mm/dd/yy 9-10-11-12
Email address	_____ (for player if available)
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Player 2 Name	_____
	Last M. First
US Lacrosse number	_____ * Cell Phone _____
Date of Birth	_____ 2011 - 2012 School Grade _____
	mm/dd/yy 9-10-11-12
Email address	_____ (for player if available)

### FAMILY INFORMATION (*PLEASE PRINT*)

Father / Guardian	_____
	Last, M. First
Cell phone	_____ Email _____
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Mother / Guardian	_____
	Last, M. First
Cell phone	_____ Email _____
Primary Address	_____
	house number street name City, State Zip
Family home phone	_____

\*If you do not have a US Lacrosse number please secure one by going to  
<http://www.uslacrosse.org/membership>

**Mail Payment and Completed Forms by September 2, 2011 to**

**Barbara Schreibeis  
307 Locust Lane  
Cranberry Twp PA 16066**

**2011 Seneca Area Fall Ball LAX Program**  
**Registration Fall Payment**

<u>Player</u>	<u>Name</u>	<u>Grade</u>	<u>Cost \$120 per player by September 2</u>
<b>One</b>	_____	_____	<b>Total Fee</b> _____
<b>Two</b>	_____	_____	<b>Total Fee</b> _____
			<b>Total</b> _____

**Balance due must be postmarked by 9/2/2011 for all players**

Late registrations (after 9/2/11) will be \$160.00 and will only be accepted if space is available.

*Mail payment and completed forms to*

**Barbara Schreibeis  
307 Locust Lane  
Cranberry Twp PA 16066**

**I am willing to volunteer for the Pumpkin Classic – October 23, 2011**

**Please check as many areas as you like.**

**Concession Sales**     
 **Field Setup**     
 **Field Tear Down**  
 **Time Keeping**     
 **Apparel Sales**     
 **Anywhere I am needed**

**Insurance Waiver and Release from Liability**

We, the undersigned parents/guardians, agree that the Seneca Valley Lacrosse Association and staff shall be in no way responsible for any injuries suffered during this program. We hereby release the aforesaid of and from all liability for any such injuries. This action is being taken in view of the fact that the following insurance company already covers him.

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In case of emergency, I give my consent to the hospital or physician to perform of administer emergency care and treatment to my son:

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

Home Phone: \_\_\_\_\_

Preference of Hospitals: \_\_\_\_\_

Special instructions: \_\_\_\_\_

*This Program is sponsored by the Seneca Valley Lacrosse Association, not the Seneca Valley School District.*



**[www.svlacrosse.org](http://www.svlacrosse.org)**