

HERO'S LACROSSE, INC.
2010 Men's & Women's Summer League Application

\$70 Application Fee

All games played at Anne Arundel Community College

**Fill out and send Application and Application fee to:
 Hero's Lacrosse Inc., PO Box 852, Severna Park, MD 21146**

CIRCLE ONE BELOW - based on your Fall 2010 School Grade – or your adult group

Boys / Men:	Pee Wee 3 rd & 4 th	Midgets 5 th & 6 th	Juniors 7 th & 8 th	Senior High 9 th -12 th	Open No Age limit	Masters Over 35
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Girls / Women:	Midgets 4 th & 5 th	Juniors 6 th - 8 th	Senior High 9 th – 12 th	Open No age limit
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I or my minor child (hereafter "Applicant") hereby applies for participation as a player or parent of a player in the Hero's Lacrosse, Inc. Summer League and I/we agree that:

1. Guaranteed participation is dependent upon receipt of Applicant's completed application and fee before **May 31, 2010.**
2. All equipment required by the NCAA must be furnished by and worn by the player including a PROTECTIVE MOUTHPIECE.
3. **H.L., Inc.**, its Officers, Directors, Agents and Officials shall be indemnified and held harmless by Applicant and his/her heirs, representatives and assigns, from and against any suit, claim or other action for personal injury or injury to property which Applicant may sustain from participation in any practice or game or which otherwise may arise out of Applicant's participation in this League;
4. Numbered game jerseys will be provided and must be worn by the players in all games.
5. Applicant's attendance is required for games from the middle of June through the end of August;
6. Application fee received after above deadline will be refunded, if unable to place a player on a team;
7. Refund of the aforesaid fee shall be made within thirty days after the player selection in the event Applicant is not selected
8. **NO REFUND WILL BE MADE TO A DRAFTED PLAYER AFTER THE START OF LEAGUE PLAY**

I affirm that I / We have read, understand and agree to the conditions set forth and certify that the information that I / We have provided is correct. **INCLUDING THE FORM ON THE REVERSE PAGE OF THIS FORM.**

_____ Applicant Signature	_____ Date	_____ Parent Signature and Consent (Required if Applicant is under 18 years of age)	_____ Date
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PLEASE PRINT CLEARLY BELOW

1. **Name** (Last, First) _____

2. **Gender:** M F

3. **Address:** _____
 (Street) (City) (State) (Zip)

4. **E-Mail Address:** _____

5. **Phone** _____ 6. **Cell Phone** _____ 7. **Age** _____

8. **September 2010 School:** _____

9. **September 2010 Grade:** (3) 4 5 6 7 8 9 10 11 12 **College/Open** **Masters**
 (Boys Only) (Men Only)

10. **Playing Position** (Circle One) **Attack** **Midfield** **Defense** **Goalie**

(OVER – Reverse side MUST be filled out, or application will not be accepted.)

In connection with the Applicant's participation in Hero's Lacrosse, Inc., Summer League, the undersigned do certify that the Applicant/player is in good health, has no physical impairment restricting him or her from playing lacrosse, except as herewith provided in writing to **H.L., Inc.**, and otherwise is able to participate in the program activities. We are attaching a statement explaining special physical limitations and/or required medication, if any, (please indicate if the Applicant/player suffers from allergies, asthma, diabetes, restricted activities, etc.). In further consideration of **H.L., Inc.'s**, acceptance of this application, the undersigned, both for himself or herself and on behalf of any minor child for whom he or she is submitting this application, hereby agree(s) to indemnify and hold harmless, **H.L., Inc.**, its officers, directors, coaches, staff, workers, volunteers, agents, and sponsors from and against any and all liability, claims, actions, lawsuits, losses, judgments, and demands whatsoever, in law or in equity, arising out of or in any way relating to the Applicant's participation in any League event, including, but not limited to, personal injuries or injury to property sustained or caused by the Applicant during or as a result of participation by the Applicant in **H.L., Inc.** The Applicant is aware of the fact that lacrosse is a physically demanding and challenging sport in which injuries may occur.

Applicant Signature

Date

Parent Signature

Date

(Required if Applicant is under 18 years of age)

INSURANCE

Coverage for accidental injury is required by all participants. Please indicate your Family Health Insurance Plan below.

I have the required Insurance.

Health Insurance Co.

Policy Number

MEDICAL TREATMENT AUTHORIZATION

The undersigned hereby authorizes Hero's Lacrosse, Inc. and its agents to request medical assistance and to authorize medical treatment for and on behalf of the Applicant as deemed reasonable and necessary by an appropriate medical professional to protect the well being of the Applicant.

Applicant Signature

Date

Parent Signature

Date

(Required if Applicant is under 18 years of age)