

**HERO'S LACROSSE, INC.**  
**2011 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 2011 School Grade – or your adult group**

<b>Boys / Men:</b>	<b>Pee Wee</b> 3 <sup>rd</sup> & 4 <sup>th</sup>	<b>Midgets</b> 5 <sup>th</sup> & 6 <sup>th</sup>	<b>Juniors</b> 7 <sup>th</sup> & 8 <sup>th</sup>	<b>Senior High</b> 9 <sup>th</sup> -12 <sup>th</sup>	<b>Open</b> No Age Limit	<b>Masters</b> Over 35
<b>Girls / Women:</b>	<b>Pee Wee</b> 3 <sup>rd</sup> & 4 <sup>th</sup>	<b>Midgets</b> 5 <sup>th</sup> & 6 <sup>th</sup>	<b>Juniors</b> 7 <sup>th</sup> & 8 <sup>th</sup>	<b>Senior High</b> 9 <sup>th</sup> -12 <sup>th</sup>	<b>Open</b> No Age Limit	

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 27, 2011.**
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**

**Name** (Last, First) \_\_\_\_\_

**Gender:** M F

**Address:** \_\_\_\_\_  
 (Street) (City) (State) (Zip)

**E-Mail Address:** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Age** \_\_\_\_\_

**September 2011 School:** \_\_\_\_\_

**September 2011 Grade:** 3 4 5 6 7 8 9 10 11 12 **College/Open** **Masters (Men Only)**

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

**Team/Teammate/Coach Request:** \_\_\_\_\_

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

