

2019 WEST SIDE FALL YOUTH BOX LACROSSE LEAGUES

- 6 on 6 BOX Lacrosse (short sticks only)
- 4 x 4 nets w/ big goalies (goalie gear provided)
- 2, 20 min halves
- 5 week league, 10 Games!
9Drop in style Lacrosse
- 22 player per league MAX!!!
- 10 minute instructional warm up and on field coaching!
- OPEN TO ALL LAKESHORE AREA PLAYERS!!!

Sign Up NOW!!!

_____ **MUSKEGON**

@ Shoreline Soccer

Mondays & Wednesdays

Nov 4, 6, 11, 13, 18, 20 Dec 2, 4, 9, 11

_____ 7th 8th Grade 4:00-5:00

_____ 4th 5th 6th Grade 5:00-6:00

_____ **HOLLAND**

@ The Soccer Stop

Tuesdays & Thursdays

Nov 5, 7, 12, 14, 19, 21, Dec 3, 5, 10, 12

_____ 7th 8th Grade 4:00-5:00

_____ 4th 5th 6th Grade 5:00-6:00

NAME: _____ **Position:** _____

SCHOOL: _____ **GRADE:** _____

PARENTS NAMES: _____

Mom EMAIL: _____ **PHONE:** _____

Dad EMAIL: _____ **PHONE:** _____

COST \$150.00 _____

Cash or Check only. Please make Checks out to **West Side Lax** and mail them in with this **form and the waivers**.
Returned checks will incur a \$30 return fee. Refunds will only be given in case of documented medical emergencies.

League jerseys only! (provided)

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

(required if player is under 18 years old)

West Side Info and Waiver Form

The under signer, and the undersigned's heir executors and administrators, hereby waive and forever release and discharge the West Side Lacrosse coaching staff, the Soccer Stop, Shoreline Soccer and their staffs for personal property damage or physical injury which may be sustained or which occurs during participation in activities, or that may occur to or from the games and or tournaments, whether or not such injuries or property damage or loss in caused by, is connected to, or arises out of, any acts or omissions of the West Side Lacrosse coaches, Soccer Stop staff or Shoreline Soccer staff.

Parent Signature: _____ Date: _____

Medical Treatment Authorization

I authorize medical treatment and care for my son, _____ as may be deemed necessary. I understand that the consent and authorization granted herein does not include surgical procedures and are valid only during the time that my son is in attendance. I know that it is my responsibility to tell the coaching staff if my son has any physical condition or requires any treatment or medication that a clinician should be aware of (allergies, disabilities, medical condition, etc.) and I must provide this in written notification at the time of registration. I understand that every reasonable attempt will be made to contact me in case of an emergency. However, in the event of an emergency and if I can not be reached, I give my consent for my son to receive the proper treatment and/or medical services needed to perform any necessary emergency procedures.

Emergency Contact Person: _____

Home/cell Phone: _____ Work Phone: _____

Health Insurance Company: _____

ID# or Contract # : _____

Group or Plan # : _____

Allergies or Health Concerns: _____

Mailing Address:

West Side Lax
125 W 29th St
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Murle Greer

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