

# 2009 Adirondack Summer Lacrosse League

## Application

Name\_\_\_\_\_ Age\_\_\_\_\_

Address\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Email Address\_\_\_\_\_

School\_\_\_\_\_

School grade spring 2009: 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup>

Position\_\_\_\_\_

Boys entering grades 9-12 circle your 2009 lacrosse experience level below:

1- Varsity starter            2- Varsity player            3- Junior Varsity starter

4- Junior Varsity player 5- Freshman Starter    6- Freshman player

7- Modified Starter        8- Modified player

My parents/ guardians and I understand that lacrosse is a physical sport and that we assume all responsibility while playing in the Adirondack Summer Lacrosse League. Our signatures confirm that we have insurance coverage in case of injury to my son during the season.

Player signature\_\_\_\_\_

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

See [AlbanyPowerLacrosse.com](http://AlbanyPowerLacrosse.com) for registration