# *SAINTS LACROSSE CLUB 2011*

**Saints Lacrosse will have two teams in 2011. One team for 5/6 graders and another for 7/8 graders.** We are open to experienced and new players.

The regular season will begin on March 8th and finish at the end of May.

**PRACTICES AND GAMES**: Practices for the 7/8 team will take place on Sunday afternoons from 1-3, Tuesday and Thursday evenings from 6-8 (light permitting). Games will take place throughout the week, with an effort to schedule on Tuesdays and Thursdays. Most weeks will have three lacrosse events. Practices will be at De Smet Jesuit High School, games will be at De Smet, SLUH, or the home field of opponents. Game scheduling is in process. For the 5/6 team, practices and games are still to be determined. Saturday mornings and one evening are likely for practice, with games on Sundays and during the week.

**COST**: The cost for the team is $275. Please make checks payable to Saints Lacrosse. USLacrosse membership is required to play, please visit www.lacrosse.org to become a member (there is a fee to become a member) if you are not already.

Spaces on the teams are limited, so please register soon as we anticipate them filling quickly. Players who have participated with the Saints in the past are given priority. Open registration will follow if space is still available.

**CONTACT INFORMATION** (or additional questions):
Please call Kevin Foy at 314-495-4305 or email kfoy@desmet.org

**MAILING ADDRESS:**
**Saints Lacrosse Club**
410 Flanders Dr.
St. Louis, MO 63122

We will hold a parent meeting for players' families that are signed up just prior to the season. The final schedule will be distributed then. Details will follow by email.

Please fill out and mail the following sheets to secure your spot in the program.

**Saints Lacrosse Club**
**Sign Up Form**

**Player Name:**_____

**Date of Birth:**_____

**Mother's Name:**_____

**Father's Name:**_____

**Home Address:**_____

**City, State, Zip:** _____

**Home Phone:**_____

**US Lacrosse # and expiration date:**_____

**Email:**_____

**(we will contact mainly through email, include several if you would like)**

**Emergency Contact Name:**_____

**Emergency Contact Phone:**_____

**Emergency Contact Relationship to Player:**_____

**Player's School Name:**_____

**Grade:**_____

**High School Graduation Year:**_____

**Has player ever participated in lacrosse before?** **YES** **NO**

**If yes, how long?**_____

**What position?**_____

**Player Name:** _____

***WAIVER AND RELEASE***
***Please Read Before Signing***

In consideration of being allowed to participate in any way in the Saints Lacrosse Club, league-related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES** or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY **RELEASE AND HOLD HARMLESS THE SAINTS LACROSSE CLUB**, their officers, agents and/ or employees, other participants sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ( Releases ), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH,** or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMEN**T.

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**Parent or Guardian Signature** **Date**