

BLACK DIAMOND LACROSSE

2010 GIRLS SUMMER LEAGUE

Grades 10-12, Collegiate players and Post Collegiate Players

Go to bdlax.com to register or send in the form below.

For directions and in case of inclement weather please refer to our website: www.bdlax.com or call 516-767-7862

- All games will be played at Harbor Links Fields in Port Washington
- Game Dates - June 14, 21, 28, July 12, 19, 26 from 6-8 PM / Rain Dates TBD
- Games Monday Evenings 6-8 pm Games: 2-25 minute halves
- \$110 per player - 18 Player Minimum per team (additional players over 18 Cost will be \$25.00 per additional player)
- \$250 Team Deposit Due June 1: Full payment due by June 10, 2010 + Roster and waivers
- If you do not sign up with an 18 player roster you will be placed on a team. Teams who sign up with an 18 player roster if you do not show up with a full team during the season teams will be mixed and matched to allow play.

For more information, please call 516-767-7862

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For questions and more information:

CALL: 516-767-7862

FAX: 516-767-2421

E-MAIL: Danielle@bdlax.com

Please make all checks payable to:

Black Diamond Lacrosse

Mail completed form to:

Black Diamond Lacrosse

PO Box 813

Plandome, NY 11030

_____		_____
TEAM NAME		POSITION
_____		_____
LAST NAME		FIRST NAME

ADDRESS		

CITY/STATE/ZIP		
_____		_____
AGE	DATE OF BIRTH	HIGH SCHOOL GRADE YEAR
_____		_____
PHONE NUMBER	EMERGENCY PHONE NUMBER	

EMAIL ADDRESS		COACH'S NAME

JERSEY SIZE (ADULT SIZES - CIRCLE ONE): S M L XL		

I give my daughter _____ permission to participate in the Black Diamond Lacrosse Summer League. In signing this waiver, I release Black Diamond Lacrosse Ltd. & other involved parties from any claims or responsibility for injuries suffered as a participant with Black Diamond's Summer League. I knowingly assume all risks associated with participation, even if arising from the negligence of the participants or others, and assume FULL responsibility for my participation. I certify that I am in good physical condition and can participate in this event. I understand that I/she will be covered by my own family insurance and may be eligible for supplemental insurance with their US Lacrosse membership. I/she also understand that by participating in this sport that injury and/or death may occur and do not hold Black Diamond Lacrosse Ltd. or its staff responsible.

ATHLETE'S SIGNATURE: _____

DATE: _____

PARENT'S SIGNATURE: _____

DATE: _____

HEALTH INSURANCE PROVIDER: _____

POLICY NUMBER: _____