

WINTER LAX

CALVERT COUNTY WINTER LEAGUE

2010 Girls Winter League Application

\$45 Application Fee- All games played at the Calvert Sports Warehouse

7650 Binnacle Lane, Owings, MD 20736

Check only payable to SMWLA

MAIL TO: 7817 Lake Shore Drive, Owings, MD 20736

Grades 4th – 8th and Experienced 3rd Grade players welcome. Sundays January 24th – February 28th (excluding President’s Weekend) from 1:00pm – 3:00pm. Play will be pick-up games with a guarantee of 30 minutes playing time using indoor rules and indoor ball. Teams will be divided based on age and ability level. Modified checking allowed for Middle School players. Refs will be present providing guidance when needed. Games will be officiated by SMAC Officials. Players must provide stick, eye guard and mouth guard.

****In the event the Calvert Sports Warehouse is closed by the County and limits the winter league sessions, all players will be reimbursed on a prorated rated basis. The Calvert Sports Warehouse is currently operating and we all wish that they will continue to operate and provide a great venue for indoor sports. STAY TUNED FOR ADDITIONAL INFORMATION.**

Name: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____
Street (or P.O. Box) City State Zip

Phone: (Home) _____ Phone: (cell) _____

E-mail: _____ School _____



LEGAL REQUIREMENTS (DO NOT ALTER)

www.ccgirlslacrosse.org

I. INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

The undersigned parent/guardian of the above named youth player hereby gives permission for said player to participate in all Winter Lax activities, including practices, games, tournaments, and travel to/from such events sanctioned expressly or implicitly by Authorized Representatives. On behalf of said youth, I assume all risks/hazards incidental to such participation. I hereby release Winter Lax and CCGLL Representatives from any/all liability, which may arise from any injury for whatever reason to aforementioned youth as a result of her participation. Further, in consideration of said player’s participation in the program, I agree to INDEMNIFY and hold affiliated organizations, organizers, sponsors, supervisors, participants, coaches, referees, land owners, and any persons transporting said youth to/from and related activities, HARMLESS for any injury, damage, loss, costs, and/or expenses of any kind arising out of said youth’s participation in these activities, whether such damages are the result of negligence or for any other reason/cause. I also agree to reimburse Authorized Representatives for such damage incurred by, or on behalf of, said youth. I also agree to and discharge forthwith, on request of Authorized Representatives, each and every obligation or claim which shall be made, assigned, or apportioned against Authorized Representatives by any party by virtue of any injury caused to aforementioned player absolutely.

II. MEDICAL RELEASE

- a) In the event of injury or sickness, I authorize Representatives to transport/admit above named youth to any convenient hospital or similar facility for emergency medical treatment. I authorize said hospital or similar facility to commence treatment.
- b) The above named player has no known medical conditions or allergies except as follows. If none, then write “None.” _____

- c) The undersigned parent/guardian hereby acknowledges adequate personal medical coverage for the above named player. No child will be permitted to play without providing evidence of insurance coverage.

Medical Insurance Carrier: _____ **Policy Number:** _____

Parent/Guardian Signature

Date