

LAXIN IN THE SNOW

2010 CALVERT COUNTY WINTER LEAGUE

**\$50 Application Fee- All games played at Huntingtown High School Gymnasium.
Cash or check only ...made out to Maggie Pike**

Fill out and send Application and Application Fee to:
Maggie Pike 2515 Fawn Lane, Prince Frederick, MD 20678

Schedule: This indoor season we will be playing on Saturday afternoons from 3:00pm-6:00pm. Dates are: Jan 9 / Jan 23 / Jan 30 / Feb 6 (times may change) / Feb 13 (times may change) / Feb 20 / Feb 27

-All 9th and 10th graders - meet at 2:30pm. We will stretch, and place you on a team for that play day. **Do not arrive late**, since we are creating new teams each Saturday. You will play until 4:30.

-All 11th and 12th graders will meet at 4:00pm. We will stretch, and place you on a team for that play day. **Do not arrive late**, since we are creating new teams each Saturday. You will play until 6 pm.
Our games will be officiated by SMAC Officials. We will play our last game on February 27th. Each player will receive a piece of clothing for participating.

--- Girls Lacrosse Winter Ball Program – 2010

Name: _____ Long sleeve shirt size: S M L XL Shorts size: S M L XL

Parent/Guardian Name: _____

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

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

E-mail: _____ School _____

LEGAL REQUIREMENTS (DO NOT ALTER)

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 Fall Ball 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 Fall Ball 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

- 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.
- The above named player has no known medical conditions or allergies except as follows. If none, then write "None." _____
- 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 _____
