

# 2010 Youth & High School Fall League Lacrosse

PRESENTED BY



SEPTEMBER 12, 19, 26 OCTOBER 3, 10, 17

## Youth League

SUNDAY'S - 2:00pm to 3:30pm

ESB Youth fall league lacrosse is designed to teach all players specific learning objectives which will allow them to compete at the highest levels. Players can expect fundamental instruction during the first 45 minutes and the second half of the session players will scrimmage in a controlled game officiated by a referee and can expect instruction from the coaching staff as well as informal teaching while they are on the bench. Players will compete against other players from the opposing age level with the main goal of implementing the skills being taught.

## High School League

SUNDAY'S - Game times: 3:30pm or 4:30pm

ESB High School Fall league lacrosse is designed to offer playing opportunities to all players regardless of skill level. Players will be grouped on Teams based on respective HS team; there will be a total of four teams, 18-20 players per team.

Games will be played Sunday afternoons at 3pm or 4pm. Each team plays once a week.

Games will be 54 mins in length with two 27 min run halves and will be officiated by a Lacrosse referee. Team assignments and game schedule will be emailed September 9th.

**\*\*TEAM WITH BEST OVERALL RECORD GETS FREE ADRENALINE SOCKS**

## Location

Blue Valley Academy Soccer Field  
7500 W. 149<sup>th</sup> Terrace  
Overland Park, KS

## Fees & Registration

The 2010 Youth & High School Fall League fee is \$75, **Goalies are FREE!** Registration Forms need to be mailed to *Eric Olson, 11704 King Overland Park, KS, 66210*. Contact Eric Olson at 816-522-5567 or [esblacrosse@gmail.com](mailto:esblacrosse@gmail.com) with any questions.

## The Staff

The staff for the 2010 Youth & HS Fall League is a talented group of former and current HS and Youth coaches who are dedicated to providing young players with a quality learning experience. Among the staff members are that are scheduled to be at Summer League are coaches from BV West, BV North, BV Youth Lax, and Aquinas.

## 2010 Fall League Registration Form (Please Print)

Please make checks payable to ESB Lacrosse and mail to: *Eric Olson, 11704 King, Overland Park, KS 66210*

**6 - Sessions \$75** Please check for age group you are registering

\_\_\_\_\_ Boys Youth League      Grades 5-8      1:30pm – 3:00pm (*Grades below 5<sup>th</sup> need approval by Eric Olson*)  
\_\_\_\_\_ Boys HS League      Grades 9-12      Refer to schedule for game times (*Gr 8 if approved by Eric Olson*)

### PARTICIPANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

HM#: \_\_\_\_\_ Parent's Cell#: \_\_\_\_\_ ALT#: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Email: \_\_\_\_\_

Player's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ YRS of Lacrosse Experience: \_\_\_\_\_

School/Team Affiliation: \_\_\_\_\_ Pinnie Size: (*circle one*) S/M or L/XL

### EMERGENCY INFORMATION

Person & Phone # to notify in case of emergency: \_\_\_\_\_

Please list any medical problems or allergies: \_\_\_\_\_

## ESB Lacrosse Fall League 2010 CONSENT TO TREATMENT/WAIVER OF LIABILITY FORM

I/we give my consent for the player named below to participate in all activities of the 2010 ESB Fall League. Further, I/we authorize administration of needed first aid and to seek medical attention in case of emergency. I/we understand that all possible effort will be made to inform me/us in case of such treatment. Further, I/we, the undersigned, for ourselves, our heirs, executors, and administrators, waiver, release, and forever discharge ESB Lacrosse LLC, its staff, officers, agents, representatives, employees, successors, and assigns of and from all right and claims for damages to person or property which may be sustained or occur during participation in camp activities.

Player Name: \_\_\_\_\_

Parent or Legal Guardian's Name: \_\_\_\_\_

Signed (must be parent or legal guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND TURNED IN AT CHECK-IN, OR YOUR SON WILL NOT BE ALLOWED TO PARTICIPATE.**