

2010 Girls Youth & High School Fall League Lacrosse

PRESENTED BY



Girls Youth League

12:00pm to 1:00pm – Sept 12, 19, 26 Oct 3, 10, 17

ESB Girls 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 session along with controlled scrimmages as time allows.

Girls High School League

1:00pm to 2:00pm – Sept 12, 19, 26 Oct 3, 10, 17

ESB Girls High School fall league lacrosse is designed to offer playing opportunities to all players regardless of skill level. Players will be evenly divided onto teams each session. Games will be 50 minutes in length with two 25 minute halves and will be officiated.

Location

Blue Valley Academy Soccer Field
7500 W. 149th Terrace
Overland Park, KS

Fees & Registration

The 2010 Youth & High School Fall League fee is \$30. 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 with any questions.

Equipment

Each girl must provide her own stick, mouth guard, and goggles.

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.

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*

5 - Sessions \$25 Please check for age group you are registering

____ Girls Youth League Grades 5-8 12:00pm – 1:00pm (*Grades below 5th need approval by Eric Olson*)

____ Girls HS League Grades 9-12 1:00pm- 2:00pm (*Grades 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: _____ T-Shirt Size S M 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 DAUGHTER WILL NOT BE ALLOWED TO PARTICIPATE.