

# L.I. / NASSAU SUFFOLK SUMMER BOYS & GIRLS LACROSSE LEAGUE



at Farmingdale State College  
**2009**



## Boys & Girls Directors

Jim Howell- Lacrosse Official, Director L.I. Youth Lacrosse & L.I.M.L.F. Lacrosse Hall of Fame  
Kip Lukralle - Huntington H.S. Asst. Lacrosse Coach (2005 & 2006 State Lacrosse Champions)  
Jim Howell Cell: 516 606-4928 • Fax: (516) 822-1189 • Kip Lukralle (631) 486-2560

**Boys** Season Starts - Boys - Sun. **July 12th**  
3rd & 4th Grades • 5th & 6th Grades • 7th & 8th Grades • Junior Varsity

**Girls** Season Starts - Girls - Thurs. **July 9th**  
3rd & 4th • 5th & 6th • 7th & 8th • Junior Varsity & Varsity

• APPLICATIONS WILL BE ACCEPTED UP UNTIL **July 1st, 2009** •

**Cost: \$1,350.00 per team**

**Individual Players Cost \$90.00 per player**

(No Refunds after Start of Season!)

League fills up quickly (First come first Served)

### TEAM ROSTERS

- 17 Player Minimum- (Additional players over 19 -Cost will be \$25.00 per each additional player for insurance and Shirt)
- All Players are **Additionally** Insured • 7 Games
- All players will get a shirt • Long Islands Top Officials

**Registration (At Table)**  
**April 19th, 26th, May 3rd, May 10th,**  
**May 31st 7 June 7th**  
**8:00 am to 10:30 am**

And at the P.A.L. Festival  
**June 13th & 14th, 2009**

Nold Hall Athletic Fields  
**8:30 am-1:00 pm**  
Farmingdale State College

-or-

**Make Check to:**

**L.I. / Nassau-Suffolk Lacrosse League**

**Mail Application & Check To:**

**L.I. Nassau Suffolk Lacrosse - c/o Jim Howell**  
22 Westmoreland Dr., Jericho, N.Y. 11753

We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the 2009 L.I. / Nassau Suffolk Lacrosse Leagues, Inc. at Farmingdale State College, its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injuries or loss of person or property which may be sustained or occur during participation in League activities or from league whether paid damages, injury or loss are due to negligence or not. I certify that the applicant is in good physical condition and allow him to participate in the 2009 L.I. / Nassau- Suffolk Lacrosse Leagues, Inc.

**MEDICAL TREATMENT:** We being the legal guardian(s) of the applicant, authorize the 2009 L.I. Nassau Suffolk Lacrosse Leagues, Inc. and its agents permission to **(REQUEST MEDICAL TREATMENT AS IS NECESSARY TO INSURE THE WELL BEING OF YOUR DEPENDENT(S)).**

Parent or Guardian(s) Signature \_\_\_\_\_

Date: \_\_\_\_\_

(Please Print)

Players Name: \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_

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

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

e-mail: \_\_\_\_\_ Work#: \_\_\_\_\_

3rd & 4th Grade  5th & 6th Grade  7th & 8th Grade  J.V.  Varsity (Girls Only)

Years Playing Organized Lacrosse : \_\_\_\_\_ Grade \_\_\_\_\_ as of Sept. 2009

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position: \_\_\_\_\_

Community Name: \_\_\_\_\_

Name of Team Contact(s): \_\_\_\_\_

Phone #: \_\_\_\_\_ e-mail #: \_\_\_\_\_

Please attach roster with the following information for each player: Name, Address, Phone #, Years Playing, Ability, Position and Insurance Waiver.

Does your son or daughter have any medical condition(s) we should know about?:

Yes  No \_\_\_\_\_

NAME OF HEALTH INSURANCE CO.: \_\_\_\_\_

**Web-site: [www.LongIslandLax.com](http://www.LongIslandLax.com)**

**For Boys or Girls information Call:**

**Jim Howell - (516) 606-4928 - e-mail: [laxjim@optonline.net](mailto:laxjim@optonline.net) • Kip Lukralle - (631) 486-25609 - e-mail: [NPTFB91@yahoo.com](mailto:NPTFB91@yahoo.com)**