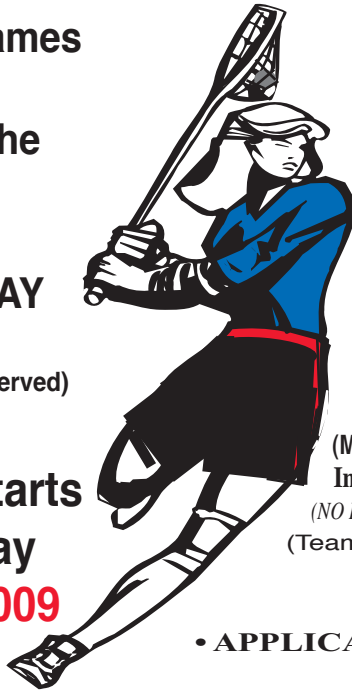


Long Island / Nassau Suffolk 2009 Girls Lacrosse Leagues

All Girls Games
Played
During The
Week
on
THURSDAY
ONLY
(1st come - 1st served)

Season Starts
Thursday
July 9, 2009



at Farmingdale State University

3rd & 4th - 5th & 6th - 7th & 8th
J.V. ~ Varsity Teams

\$1,350.00 per team

Registration Fee
(Team Fee \$1350.00)

(Minimum 17 players per Team)
Independent Player Fee \$90.00
(NO REFUNDS AFTER START OF SEASON)
(Teams with more than 19 players will pay a fee of \$25.00 per player
towards Insurance, Facility Fee and Shirt)

Registration by Team
Team Consists of a minimum of 17 Players

Fee Includes
(7 Games • Shirt • Insurance)
(Additionally Insured Only)

~~ INSURANCE - ADDITIONALLY INSURED ONLY ~~

• APPLICATIONS WILL BE ACCEPTED UP UNTIL JUNE 29TH •
Web Site: [www. LongIslandLax.com](http://www.LongIslandLax.com)

If Interested
Please Contact..

Jim Howell
Phone & Fax(516) 606-4928
e-mail: laxjim@optonline.net

Kip Lukrall
(631) 486-2560
NPTFB91@yahoo.com

Mail Check & Application To:

Nassau Suffolk Lacrosse League
c/o Jim Howell
22 Westmoreland Drive • Jericho, New York 11753



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

(Please Print) Can be used a team application

Player or Team Name: _____ Total Paid: \$ _____

Address: _____

Town: _____ Zip: _____

Phone #: _____ Fax#: _____

e-mail: _____ Work#: _____

3rd-4th 5th-6th 7th-8th J.V. Varsity 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 #,
Ability, Position and Insurance Waiver.

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

Yes No _____

NAME OF HEALTH INSURANCE CO.: _____

We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the 2009 Long Island Lacrosse League, Inc. at Farmingdale State, 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 Long Island Lacrosse League, Inc..

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

Parent(s) or Guardian(s) Signature _____

Date: _____