

# Long Island / Nassau Suffolk 2010 Girls Lacrosse Leagues

at Farmingdale State University

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

Season Starts  
**Thursday  
July 8, 2010**



**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)

~~ INSURANCE - ADDITIONALLY INSURED ONLY ~~

Registration by Team

Team Consists of a minimum of 17 Players

Fee Includes

(7 Games • Shirt • 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](mailto:laxjim@optonline.net)

**Kip Lukralle**  
(631) 486-2560  
[NPTFB91@yahoo.com](mailto: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 11th - April 18**  
**April 25th - May 2nd -**  
**May 9th May 23rd - June 6th**

And at the P.A.L. Festival  
**June 12th & 13th, 2009**  
Nold Hall Athletic Fields  
**8:30 am-1:00 pm**  
Farmingdale State College

Please Check -  GIRLS  TEAM  INDEPENDENT

(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. 2010

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 2010 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 2010 L.I. / Nassau- Suffolk Lacrosse Leagues, Inc.

**MEDICAL TREATMENT:** We being the legal guardian(s) of the applicant, authorize the 2010 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: \_\_\_\_\_