**2018 WEST SIDE FALL YOUTH BOX LACROSSE LEAGUES**

* **6 on 6 BOX Lacrosse (short sticks only)**
* **4 x 4 nets w/ big goalies (goalie gear provided)**
* **2, 20 min halves**
* **5 week league, 10 Games!**
* **Drop in style Lacrosse**
* **22 player per league MAX!!!**
* **10 minute instructional warm up and on field coaching!**
* **OPEN TO ALL LAKESHORE AREA PLAYERS!!!**

**Sign Up NOW!!!**

**\_\_\_\_\_MUSKEGON \_\_\_\_\_HOLLAND**

**@ Shoreline Soccer @ The Soccer Stop**

**Mondays & Wednesdays Tuesdays & Thursdays**

**Oct 29, 31, Nov 5, 7, 12, 14, 26, 28, Dec 3, 5 Oct 30, Nov 1, 6, 8, 13, 15, 27, 29, Dec 4, 6**

**\_\_\_\_\_7th 8th Grade 4:00-5:00 \_\_\_\_\_7th 8th Grade 4:00-5:00  
\_\_\_\_\_4th 5th 6th Grade 5:00-6:00 \_\_\_\_\_ 4th 5th 6th Grade 5:00-6:00**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_**

**SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRADE:\_\_\_\_\_\_\_\_\_\_**

**PARENTS NAMES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mom EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dad EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COST $150.00\_\_\_\_\_**

**Cash or Check only.** Please make Checks out to **West Side Lax** and mail them in with this **form and the waivers**. Returned checks will incur a $30 return fee. Refunds will only be given in case of documented medical emergencies.

**Players must wear light/dark reversible jerseys**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(required if player is under 18 years old)**

**West Side Info and Waiver Form**

The under signer, and the undersigned's heir executors and administrators, hereby waive and forever release and discharge the West Side Lacrosse coaching staff, the Soccer Stop, Shoreline Soccer and their staffs  for personal property damage or physical injury which may be sustained or which occurs during participation in activities, or that may occur to or from the games and or tournaments, whether or not such injuries or property damage or loss in caused by, is connected to, or arises out of, any acts or omissions of the West Side Lacrosse coaches, Soccer Stop staff or Shoreline Soccer staff.

 Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Treatment Authorization**

I authorize medical treatment and care for my son,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as may be deamed necessary.  I understand that the consent and authorization granted herein does not include surgical procedures and are valid only during the time that my son is in attendance.  I know that it is my responsibility to tell the coaching staff if my son has any physical condition or requires any treatment or medication that a clinician should be aware of (allergies, disabilities, medical condition, etc.) and I must provide this in written notification at the time of registration.  I understand that every reasonable attempt will be made to contact me in case of an emergency.  However, in the event of an emergency and if I can not be reached, I give my consent for my son to receive the proper treatment and/or medical services needed to perform any necessary emergency procedures.

Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/cell Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID# or Contract # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group or Plan # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or Health Concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:

**West Side Lax**

125 W 29th St

Holland MI 49423

**Murle Greer**

West Side Lacrosse Owner/Program Director

Phone: cel (616) 834-2823 office (616)-796-8451

[westsidelax@hotmail.com](mailto:westsidelax@hotmail.com)

www.westsidemilax.com