HERO'S LACROSSE, INC.
2007 Men's & Women's Summer League Application

$75 Application Fee - All games played at Anne Arundel Community College

REGISTER ON-LINE !!! ***www.heroslacrosse.com*** ***REGISTER ON-LINE !!!***

or

Fill out and send Application and Application fee to: Hero's Lacrosse Inc., PO Box 852, Severna Park, MD 21146

CIRCLE ONE BELOW - based on your Fall 2007 School Grade – or your adult group

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Boys / Men:	**Pee Wee** 3rd & 4th	**Midgets** 5th & 6th	**Juniors** 7th & 8th	**Senior High** 9th -12th	**Open** No Age limit	**Masters** Over 35
Girls / Women:		**Midgets** 4th & 5th	**Juniors** 6th- 8th	**Senior High** 9th – 12th	**Open** No age limit	

I or I and my minor child (hereafter "Applicant") hereby applies for participation as a player or parent of a player in the Hero's Lacrosse, Inc. Summer League and I/we agree that:

1. Guaranteed participation is dependent upon receipt of Applicant's completed application and fee before **May 25, 2007**.
2. All equipment required by the NCAA must be furnished by and worn by the player including a PROTECTIVE MOUTHPIECE.
3. **H.L., Inc.,** its Officers, Directors, Agents and Officials shall be indemnified and held harmless by Applicant and his/her heirs, representatives and assigns, from and against any suit, claim or other action for personal injury or injury to property which Applicant may sustain from participation in any practice or game or which otherwise may arise out of Applicant's participation in this League;
4. Numbered game jerseys will be provided and must be worn by the players in all games.
5. Applicant's attendance is required for games from the middle of June through the end of August;
6. Application fee received after above deadline will be refunded, if unable to place a player on a team;
7. Refund of the aforesaid fee shall be made within thirty days after the player selection in the event Applicant is not selected;
8. NO REFUND WILL BE MADE TO A DRAFTED PLAYER AFTER THE START OF LEAGUE PLAY

I affirm that I / We have read, understand and agree to the conditions set forth and certify that the information that I / We have provided is correct**. INCLUDING THE FORM ON THE REVERSE PAGE OF THIS FORM.**

_____ _____

Applicant Signature Date Parent Signature and Consent Date
(Required if Applicant is under 18 years of age)

PLEASE PRINT CLEARLY BELOW

1. **Name** (Last, First) _____
2. **Address:** _____
   (Street) (City) (State) (Zip)
3. **E-Mail Address:** _____
4. **Phone** _____ 5. **Age** _____ 6. **Gender: M F**
7. **Yrs. Playing Experience** (Circle) **1 2 3 4 5 6 7 8 9 10**
8. **September 2007 School:** _____
9. **September 2007 Grade: (3) 4 5 6 7 8 9 10 11 12 College/Open Masters**
   (boys only) (Men Only**)**
10. **Playing Position** (Circle One) **Att. Mid Def. Goal**

(OVER – Reverse side *MUST* be filled out, or application will not be accepted.)

PLEASE CUT ON DOTTED LINE AND RETAIN THIS BOTTOM PORTION FOR YOUR INFORMATION

***All games played at Anne Arundel Community College** **www.heroslacrosse.com**

ALL PLAYERS must show up one hour early on the night of their first game to receive team assignments, jerseys and schedules. Please be prepared to play on this night.

APPLICATION FEE: $75.00

NOTE: Season will run from the week of 6/04/07 through the week of 8/6/07.

2007 Hero's Lax Summer League	***Days Games will be played***	***Date of 1st Game***	***Time of Games***
Pee Wee Boys	Monday	6/4/2007	5:00 pm
Midget Boys	Monday	6/4/2007	6:00 pm & 7:00 pm
Men's Junior	Monday/Tuesday	6/4/2007	6:00 pm & 7:00 pm
Men's Senior High	Tuesday	6/5/2007	6:00 pm & 7:15 pm
Men's Open	Thursday	6/7/2007	6:00 pm & 7:15 pm
Men's Masters	Thursday	6/7/2007	7:15 PM
Girl's & Women's	Wednesday	6/6/2007	6:00 pm & 7:00 pm

In connection with the Applicant's participation in Hero's Lacrosse, Inc., Summer League, the undersigned do certify that the Applicant/player is in good health, has no physical impairment restricting him or her from playing lacrosse, except as herewith provided in writing to **H.L., Inc.,** and otherwise is able to participate in the program activities. We (are, are not) attaching a statement explaining special physical limitations and/or required medication, if any, (please indicate if the Applicant/player suffers from allergies, asthma, diabetes, restricted activities, etc.). In further consideration of **H.L., Inc.'s,** acceptance of this application, the undersigned, both for himself or herself and on behalf of any minor child for whom he or she is submitting this application, hereby agree(s) to indemnify and hold harmless, **H.L., Inc.,** its officers, directors, coaches, staff, workers, volunteers, agents, and sponsors from and against any and all liability, claims, actions, lawsuits, losses, judgments, and demands whatsoever, in law or in equity, arising out of or in any way relating to the Applicant's participation in any League event, including, but not limited to, personal injuries or injury to property sustained or caused by the Applicant during or as a result of participation by the Applicant in **H.L., Inc.** The Applicant is aware of the fact that lacrosse is a physically demanding and challenging sport in which injuries may occur.

_____ _____

Applicant Signature **Date** **Parent Signature** **Date**

INSURANCE

Coverage for accidental injury is required by all participants. Please indicate your Family Health Insurance Plan below.

I have the required Insurance.

_____ _____

Health Insurance Co. **Policy Number**

MEDICAL TREATMENT AUTHORIZATION

The undersigned hereby authorizes Hero's Lacrosse, Inc. and its agents to request medical assistance and to authorize medical treatment for and on behalf of the Applicant as deemed reasonable and necessary by an appropriate medical professional to protect the well being of the Applicant.

_____ _____

Applicant Signature **Date** **Parent Signature** **Date**