

**ZIONSVILLE INDOOR LACROSSE AT THE SPORTZONE**  
**\$75.00 Nov. 5, 2009 thru Jan. 29, 2010**

Check one: \_\_\_\_\_ 3/4 Team \_\_\_\_\_ 5/6 Team \_\_\_\_\_ 7/8 Team  
(Thursdays 5-6 PM) (Fridays 4-5PM) (Fridays 5-6PM)

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

USL Membership #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip \_\_\_\_\_

Field Position: \_\_\_\_\_ Years of Experience in LAX \_\_\_\_\_

Grade in Fall \_\_\_\_\_ School: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

Pertinent Medical Conditions: \_\_\_\_\_

**WAIVER AND RELEASE:**

I am fully aware of and appreciate the risks of my child participating in a lacrosse event, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with such participation. We also understand there can be risks of injury, paralysis and even death while attending these lacrosse events. In consideration for my child being permitted to participate in the lacrosse program, and other family members and friends to be spectators in my capacity as parent or guardian of the child listed above, I do hereby release, Zionsville Lacrosse Club (ZLAX, Inc.), along with the coaches, volunteers, employees, agents, officers and directors of these organizations, from any and all damages resulting from my child's participation in a lacrosse event including any injury, loss of life or other loss or damage occurring as a result of such participation.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Registration and Payment

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| <ol style="list-style-type: none"><li>1. Complete registration form</li><li>2. Include check payable to ZLAX, Inc. for \$75.00</li><li>3. Mail to: ZLAX, Inc., 8405 Cooper Lane, Zionsville, IN 46077</li><li>4. Mark your calendar for start dates of November 5<sup>th</sup> and 6<sup>th</sup>!!</li></ol> |
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