

2019 KNIGHTS OF SUMMER LAX REGISTRATION

Name _____ Age _____

(PLAYERS MUST PROVIDE THEIR OWN EQUIPMENT, MOUTHGUARD, CLEATS AND STICK) IF EQUIPMENT IS AN ISSUE, PLEASE LET US KNOW ASAP at the email address below.

School (Fall 2017) _____

Grade (Fall 2017) 1 2 3 4 5 6 7 8 9 10 11 12 Years of Lacrosse Experience _____

Phone # _____ (mobile) _____ (Email) _____

Mailing Address _____

Field Location: Bogle Stadium located at Cave Spring middle School. Please use the entrance next to locker-rooms

Cost: \$50 with practice penny

Form/Payment Submission: Online @ <https://go.teamsnap.com/forms/200107/signups>

If you prefer to register in person or if you need equipment, please bring your completed registration and payment to the **Cave Spring REC Equipment Room Building at Penn Forest Elementary on June 6th from 7 pm to 8 pm.** Online registration will end June 10th. Anyone registered after that will not be guaranteed a penny. Make checks out to Knights Booster Foundation.

Dates: There will be 6 play dates with no make-up dates for cancellations. You will play rain or shine unless there is lightning within your time slot. We will wait until the next start time to determine if it's safe for the games to continue that evening. Participants will receive a practice penny. They won't be ready for the first week so bring your own jersey to start with. Preferably black or white.

<p style="text-align: center;">Thursday Nights Dates: 6/13, 6/20, 6/27, 7/11, 7/18, 7/25 Instructional Clinic <u>for all ages</u> 6:00pm to 6:30pm Boys' 6U, 8U, 10U games 6:35pm to 7:10 pm Boys' 12U & 14U game 7:15pm to 7:55 pm Boys' rising 9th grade & Up game 8:00pm to 9:00pm Times subject to change due to number of participants</p>
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Special Rules: "Summer League" (NO blowup/knock down checks) controlled stick checks only.

Practice Penny Size YS/M___ YL/XL___ AS/M___ AL/XL___

Any questions, please email dennybarbour@yahoo.com.

Waiver

I am granting permission for my son to play lacrosse for the Knights/Knight Hawks Summer League. I am also granting the coaching staff permission to authorize preliminary medical treatment if so needed. Though a physical is not required, I attest my son is of good health and does not have any physical or mental limitations that would prevent him from playing at an average level.

_____ (participant signature) _____ (parent signature)

_____ (participant date) _____ (parent date)

REGISTRATION FORM AND PAYMENT MUST BE RECEIVED BEFORE A PLAYER IS ALLOWED TO PLAY.