

**WESTERN SPRINGS YOUTH SPRING LACROSSE 2010 REGISTRATION**  
**1500 Walker St., Western Springs, Il. 60558 Phone 708-246-9070 Fax 708-246-1309**

**PLEASE PRINT**

Player Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Yrs Lax Exper \_\_\_\_\_

Parent Names \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address – Please print clearly \_\_\_\_\_

**Coaches Needed: Yes, I can help with my child's team. Experience not necessary – Training provided**

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Email: \_\_\_\_\_

*Check website [www.westernspringslacrosse.org](http://www.westernspringslacrosse.org) for  
description of volunteer positions available*

<u>PROGRAM 220245</u>	<u>GRADE</u>	<u>FEE</u>	<u>VOLUNTEER POSITION</u>
M Intro to Lacrosse Boys	1st/2nd	\$85.00 Res/\$100 Non Resident	_____
M1 Intro to Lacrosse Girls	1st/2nd	\$85.00 Res/\$100 Non Resident	_____

**Late Fee for M & M1 after April 1<sup>st</sup> add \$25.00**

D House League Boys	3rd/4th	\$155.00 Res/\$195.00 Non Resident	_____
E House League Boys	5th/6th	\$155.00 Res/\$195.00 Non Resident	_____
F House League Boys	7th/8th	\$155.00 Res/\$195.00 Non Resident	_____

**Late Fee for D, E & F after April 1<sup>st</sup> add \$50.00 \* includes automatic volunteer buyout fee of \$25.00**

J Travel League Boys	3rd/4th	\$300.00 Res/\$365.00 Non Resident	_____
K Travel League Boys	5th/6th	\$450.00 Res/\$540.00 Non Resident	_____
L Travel League Boys	7th/8th	\$450.00 Res/\$540.00 Non Resident	_____

**Late Fee for J, K & L after March 1<sup>st</sup> add \$50.00 \* includes automatic volunteer buyout fee of \$25.00**

**N Volunteer Buyout Fee \$25.00**

A House League Girls	3rd/4th	\$165.00 Resident & Non Resident	Late fee \$20.00 After April 10 <sup>th</sup>
B House League Girls	5th/6th	\$165.00 Resident & Non Resident	Late fee \$20.00 After April 10 <sup>th</sup>
C House League Girls	7th/8th	\$165.00 Resident & Non Resident	Late fee \$20.00 After April 10 <sup>th</sup>
C1 House League Girls	7th/8 <sup>th</sup> Adv	\$165.00 Resident & Non Resident	Late fee \$20.00 After April 10 <sup>th</sup>

**Participation Waiver for Western Springs Recreation Department**

Please read this carefully and be aware that by registering for and participating in programs or by registering your minor child/ward for participation in programs you will be waiving your rights and/or the right of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of programs and you will be required to indemnify, hold harmless and defend the Village of Western Springs for any claims arising out of participation in Recreation programs. **RISK OF INJURY:** "As a participant in the programs, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with Recreation Department programs." **WAIVER OF INJURY CLAIMS:** "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the programs." **RELEASE FROM LIABILITY:** "I do hereby fully release and discharge the Village of Western Springs and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the programs." **INDEMNIFY AND DEFENSE:** "I further agree to indemnify, hold harmless and defend the Village of Western Springs and its officers, agents, and employees from any and all claims from injuries, including death, damages, and losses sustained by me or my minor child/ward and arising out of connected with, or in any way associated with activities of the programs." In the event of any emergency, I authorize the public entity to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand and agree to the above stated conditions of participation

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Please note – No refunds after season practice begins \*\***

TOTAL AMT \$ \_\_\_\_\_  Check  Cash  Visa  Mastercard  Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_