

Nor'Easter Lax Boy's 2012 U11 & U13 Select Teams

First Name _____ Last Name _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

E-Mail address:

PARENT'S _____ PLAYER'S: _____

Mother's Name _____ Father's Name _____

Date of Birth _____ Grade as of Sept 2011 _____ High School _____

What position will you be trying out for?

Position: _____

Does your son have any medical problems that his coach should be aware of? Yes No

If yes please list _____

I give my son **(Please Print)** _____ permission to participate with Nor'Easter Lax Inc. I understand that he will be covered by my own family insurance and may be eligible for supplemental insurance with Nor'Easter Lax membership. I also understand that by participating in this sport, injury and or death may occur and I do not hold Nor'Easter Lax or its staff responsible. **I understand that prior to March 1, 2011 my registration fee minus \$100 and tournament fees can be refunded. After March 1, 2011 there will be no refunds.**

Parent Signature _____ Date _____

In order for your application to be processed please include the following:

1. Completed application
2. Code of Conduct
3. Copy of Birth Certificate
4. **REMEMBER TRY OUT FEE IS 2 NEW WHITE LACROSSE BALLS DUE AT TRY OUT.**

Should you be selected for the team:

Check made payable to "Nor'Easter Lax" for the amount of:
 \$400 Due on Oct 22., 2011 (First Summer installment payment)
 \$400 Due on Feb. 16, 2012 (Second Summer installment payment)
 \$300 Due on May 1, 2012 (Final Summer installment payment)

OFFICIAL USE:

Date Received	Method of Payment	Amount	Initial