

**Girls Lacrosse
Ages 5-14
All levels of experience**

Summer 2011

Register by: June 6th



Summer League in Carroll County (SLICC) is a program for youth lacrosse ages 5-14 who have not participated in High School Lacrosse. Girls play in the following grade brackets: K-1st, 2nd/3rd, 4th/5th, 6th/7th/8th.

Fees:

- **\$60.00 per player**
- **\$5.00 discount for each player in same family**
- **\$5.00 / player discount for an entire team registration (Forms must be mailed together) Minimum number of players is 13.**
- **Coach's child plays free(one coach per team receives discount)**

Fee includes league t-shirt. Not guaranteed after June 6th deadline. Checks should be made out to SLICC. For more information or to register

contact:

Beth Nave: 410/857-9363 or evynave@comcast.net

Games will be seven on a side for all age groups except middle school. Middle school will be full field/pick up games. They will receive a reversible scrimmage jersey. This age group will just show up and play. Games will be scheduled for Tuesday, Wednesday or Thursday evenings at Friendship Valley Elementary School. Games will begin the week of June 20th and run through July. Each team will be scheduled for 5 games. You can register as an individual, small group or with a team. **(PLEASE NOTE: To qualify for team discount, all registrations for the team must be mailed together.)**

Please fill out the registration form below and return to: 103 Alto Ave, Westminster, MD 21157 by **June 6th**.

- Contact Beth Nave for questions about the program at (410) 857-9363 or evynave@comcast.net

**Make checks payable to SLICC. Mail form and fee to:
103 Alto Ave. Westminster, MD 21157**

Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Email Address(Print): _____ Phone: _____

All communication regarding cancellation and schedules will be through email.

Grade (just completed in 2010/11 school year) K/1st 2nd /3rd 4th/5th 6th/7th/8th

Program participating in for Spring Lacrosse: _____

Requested players for team (entire team must register together): _____

By filling out this form I understand that I have been informed as to the nature of this program and that the program has certain risks of potential injury for those who participate. I understand and acknowledge that the Westminster Area Recreation Council and the Westminster Area Lacrosse does not provide any registrant medical or hospitalization insurance whatsoever and hereby waives any and all claims or liability against the Westminster Area Recreation Council, Carroll County Government and the Westminster Area Lacrosse for injuries sustained while participating in any practices, games or traveling to and from games or participating in any leisure time activity. I acknowledge that the participant must adhere to all rules and instruction pertaining to the safety of the participants. Failure to do so may result in the exclusion of my child from participation in this program.

Parent or Guardian Signature: _____