



## THE WESTERN MARYLAND CHAPTER OF US LACROSSE PRESENTS FALL BALL 2008

### Girl's & Boy's Elementary & Middle School

*Fall Ball League designed with the multi-sport student athlete in Mind!!!*

*This program will enhance the 3<sup>RD</sup> – 8<sup>TH</sup> graders lacrosse experience through challenging game exposure in a 7v7 format on Sunday afternoons. This format will provide more touch time and instructional opportunities. The chosen timeframe has minimal to no impact on additional activities and seasonal sports allowing the student athletes to pursue other interests. It is our desire for these players to become multi-sport student athletes while keeping a stick in their hands year round.*

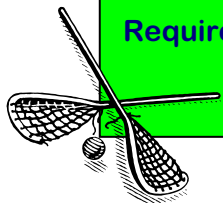
- Who:** Open to all aspiring lacrosse players & teams!
- 3 age brackets for girls & boys:
    - 3<sup>rd</sup> & 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> and 7<sup>th</sup> & 8<sup>th</sup> grades – NO exceptions
    - *We reserve the right to merge levels and/or teams if there are not enough at each grade bracket*
  - Minimum of 9 players per team, maximum 12 but we reserve the right to place individuals on teams to ensure everyone has a place to play.
  - While registration is completed individually we recommend pre-forming teams with a defined coach.
- What:** 7 v 7 format, reduced field size w/officials
- More touch time and instructional opportunities
  - Custom pinnies will be provided to be used as uniforms
  - ALL officials US Lacrosse certified, trained & supervised
- When:** Sundays September 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup>, October 5<sup>th</sup>, 12<sup>th</sup> & 19<sup>th</sup>
- Each team will play one game between 12:00 and 6:00 pm
  - Girls will host a multi-game play day on 10/5 so there will be no boys games that day
- Where:** Windsor Knolls Middle School, Ijamsville, MD 21754  
*Fields subject to change*
- How:** Don't delay! Register today! Only \$75 per player!
- Please complete form and send to address stated by July 30<sup>th</sup>
  - Be sure to fill in the proper name of your team. If you are not registering with a team, please leave empty and individual players will be placed on open teams.
  - **Questions? Contact Kim Lenta – 301/865-1561, 240/401-3884 or [kimlenta@yahoo.com](mailto:kimlenta@yahoo.com)**

**Want to be an Official?** US Lacrosse certification will be required. For those currently not certified, a training course will be offered by WMLOA in advance of the fall ball program. Please email your name, phone and email address to [kimlenta@yahoo.com](mailto:kimlenta@yahoo.com) by July 30<sup>th</sup> and as plans are made you will be added to the appropriate distribution list. Officials must be going into 9<sup>th</sup> grade and must be 14 years old, no exceptions. The program maintains the right to limit the number of officials.

#### ALL COACHES & OFFICIALS ONLY

Required pre-season meeting for rules, expectations & schedules is Wed, August 20<sup>th</sup>, 2008  
7:00 PM Urbana Regional Library, 9020 Amelung St., Urbana, 21704

*The library does not promote or endorse the views of the program sponsors or presenters.*





# THE WESTERN MARYLAND CHAPTER OF US LACROSSE Fall Ball Registration & Waiver Form

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Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

Athletes US Lacrosse #: \_\_\_\_\_ *Required & can be obtained at [www.uslacrosse.org](http://www.uslacrosse.org)*

E-Mail(s): \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Parent/Guardian Cell Phone(s): \_\_\_\_\_

Emergency Contact & phone: \_\_\_\_\_

School: \_\_\_\_\_ Years of Lacrosse Experience: \_\_\_\_\_

Team: \_\_\_\_\_ Coach: \_\_\_\_\_

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## Western Maryland Chapter of US Lacrosse Waiver of Liability 2008

In signing this waiver, I release the Western Maryland Chapter of US Lacrosse, Frederick County Public Schools and the directors and coaches of the Western Maryland Chapter of US Lacrosse Fall Ball Program and other involved parties from any claims or responsibility for injuries suffered in the league. I knowingly assume all risks associated with participation, even if arising from the negligence of the participants or others, and assume FULL responsibility for my participation. I certify that I am in good physical condition and can participate in Fall Ball. Further, I authorize the site director to request medial treatment as necessary to insure my well being. I have my own medical insurance.

Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Heath Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Please complete & mail to:  
 Kim Lenta  
 Western MD Chapter of US Lacrosse  
 3075 Lindsey Court  
 Ijamsville, MD 21754  
*Make checks payable to Western MD Chapter - USL*