

# CLEVELAND SUBURBAN LACROSSE

## 2018 CLEVELAND SUBURBAN LACROSSE FALL LEAGUE REGISTRATION

\$120 FOR 6 GAMES, SHIRT, JERSEY. REGISTRATION CLOSING AT 80 PLAYERS. APPLICATIONS MUST BE IN BY Oct. 28<sup>th</sup>

6<sup>th</sup> FALL LEAGUE, HAS SOLD OUT LAST 5 YEARS, AND WINTER HAS SOLD OUT LAST 12 YEARS.

Cleveland Suburban is the oldest field indoor league in Cleveland, run by college and high school coaches, to meet all OHSAA standards.

### PLAYER INFORMATION

Name \_\_\_\_\_ High School \_\_\_\_\_  
Address \_\_\_\_\_ City/ Zip \_\_\_\_\_  
Telephone- home \_\_\_\_\_ PLAYER Cell \_\_\_\_\_  
E-mail address (NEED FOR ALL LEAGUE UPDATES) \_\_\_\_\_  
Position \_\_\_\_\_ Age \_\_\_\_\_ Years of Experience \_\_\_\_\_ Grade \_\_\_\_\_ Jersey and T-shirt Size : S M L XL  
Most Recent team: \_\_\_\_\_ Carpool requests (not guaranteed): \_\_\_\_\_  
*Players responsible for all MANDATORY equipment, which Includes: helmet, arm guards, gloves, shoulder pads, stick & mouth guard.*

### LEAGUE INFORMATION

#### LOCATION, DATES AND TIMES:

**WEDNESDAYS FROM OCT 31 TO DEC 2 AT 4, 5 or 6 .** NEO SOCCER FACILITY, 6200 PEARL RD. PARMA HEIGHTS 44130

#### APPLICATION

**\$120 PAYMENT IS DUE IN WITH REGISTRATION. PAYMENT BY CASH, CHECK. OR PAYPAL PAYMENT MUST BE RECEIVED BY OCTOBER 27TH.** THERE'S A NON- REFUNDABLE \$25 PROCESSING FEE. RETURNED CHECKS SUBJECT TO A \$35 PENALTY.

#### RULES

THE GAME IS 7 ON 7, WITH 2 ATTACK, 2 DEFENSEMEN AND 2 MIDDIES. ALL RULES FOR OUTDOOR LACROSSE WILL BE ENFORCED, OFFICIALS WILL NOT TOLERATE DISORDERLY CONDUCT. UNNECESSARY ROUGHNESS, EXCESSIVE SLASHING, ILLEGAL BODYCHECKS AND UNSPORTSMANLIKE CONDUCT CAN RESULT IN GAME MISCONDUCT OR EXPULSION FROM LEAGUE. THE GAME IS PLAYED IN 2- 25 MINUTE HALVES WITH A 5 MINUTE HALFTIME.

#### TEAMS

PLAYERS WILL BE SPLIT AMONG 6 TEAMS. EACH TEAM COMPRISED OF NO MORE THAN 15 PLAYERS, TEAMS MADE UP OF PLAYERS FROM ALL GRADES AND SCHOOLS. SCHEDULES AND ROSTERS WILL BE EMAILED ON **MON OCT. 29TH.**

#### SEASON

EVERY TEAM WILL PLAY 4 GAMES AND 2 PLAYOFF GAMES, CULMINATING IN THE CHAMPIONSHIP ON DEC. 6

#### ADDITIONAL INFO

**EVERY PLAYER SHOULD BE AT THE FIELD 15 MINUTES BEFORE THEIR FIRST GAME.** THERE ARE NO DRINKS PERMITTED ON THE FIELD EXCEPT WATER. ALL GAMES START ON TIME-TEAMS NOT READY WILL FORFEIT.

ANY QUESTIONS CONTACT THE DIRECTOR BILL SCHMOLDT AT [CLEVELANDLACROSSE@YAHOO.COM](mailto:CLEVELANDLACROSSE@YAHOO.COM) (440) 669-8064

### PARENTAL CONSENT AND MEDICAL INFORMATION

#### Medical Emergency Contact Information

Name \_\_\_\_\_ Relation to Player \_\_\_\_\_  
Phone (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

The undersigned being a parent or legal guardian of the child requesting league admittance, does hereby affirm that the applicant is in good health, and suffers from no illness, disability or condition. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity. The undersigned expressly agrees to be responsible for any medical bills incurred in the treatment of any illness or accident. In the event of any such accident or injury, I hereby consent to allowing any of the league supervisors to procure any medical treatment deemed advisable on behalf of my child without prior consent. No primary medical insurance is provided by the Cleveland Suburban Lacrosse League or NEO Soccer. I understand that, as a condition of admittance as a participant in the league, the undersigned, on behalf of all parents and guardians and on behalf of the applicant, hereby releases Cleveland Suburban Lacrosse, NEO Soccer, Bill Schmoldt and all other employees of the league from any and all liability from injury or illness, mental or physical, suffered by the player during or related to the league, unless caused by willful act or gross negligence by the person whom the claim is made.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
LEAGUE COST IS \$120 DOLLARS. FEES AND FORM DUE BY SATURDAY OCT. 27<sup>TH</sup>. CLOSING AT 80 PLAYERS.

**Players can register through the website and via Paypal, OR send in checks to:  
Cleveland Suburban Lacrosse 14707 Armin Ave. Lakewood, OH 44107**

LEAGUE USE ONLY: Method of Payment Check # \_\_\_\_\_ Cash \_\_\_\_\_ Online \_\_\_\_\_  
FEE: \_\_\_\_\_ DATE: \_\_\_\_\_ JERSEY: \_\_\_\_\_ TEAM: \_\_\_\_\_