

# CLEVELAND SUBURBAN LACROSSE

## 2013-14 CLEVELAND SUBURBAN LACROSSE WINTER LEAGUE REGISTRATION

**\$160 FOR 9 GAMES, SHIRT, JERSEY. REGISTRATION CLOSSES AT 150 PLAYERS. APPLICATIONS MUST BE IN BY Dec. 7<sup>TH</sup>**  
**WINTER HAS SOLD OUT LAST 8 YEARS. PLAY WITH THE BEST IN CLEVELAND FROM OVER 16 SCHOOLS.**  
 Cleveland Suburban is the longest running field indoor league in Cleveland, created to offer layers the best coaching, competition and experience in the area. The only program run by college coaches, the league uses mixed squads to encourage player development, is a stop for recruiters and offers a chance to earn a spot on Cleveland Elite Travel team.

### PLAYER INFORMATION

Name \_\_\_\_\_ High School \_\_\_\_\_  
 Address \_\_\_\_\_ City/ Zip \_\_\_\_\_  
 Telephone- home \_\_\_\_\_ 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: \_\_\_\_\_  
*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 DEC 11 TO FEB 12 AT 4, 5, 6, 7 or 8 . NEO SOCCER FACILITY, 6200 PEARL RD. PARMA HEIGHTS 44130

#### APPLICATION

**\$160 PAYMENT IS DUE IN WITH REGISTRATION. PAYMENT BY CASH OR CHECK. PAYMENT MUST BE RECEIVED BY DECEMBER 7<sup>th</sup>.** 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 COMPRIMSED OF NO MORE THAN 15 PLAYERS, TEAMS MADE UP OF PLAYERS FROM ALL 4 GRADES AND DIFFERENT SCHOOLS. SCHEDULES AND ROSTERS WILL BE EMAILED ON **MON DEC. 9TH.**

#### SEASON

TEAMS PLAY 6 GAMES AND 3 PLAYOFF GAMES, CULMINATING IN THE CHAMPIONSHIP ON FEB 12; THERE IS AN ALL STAR GAME

#### 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 that requires the taking of medication on a regular basis unless that condition is disclosed and approved. 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 or ward 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 or the applicant, hereby releases Cleveland Suburban Lacrosse, NEO Soccer, Bill Schmoldt and all other employees or agents 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 wilful act or gross negligence by the person or entity against whom the claim is made.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**LEAGUE COST IS \$160 DOLLARS. FEES AND FORM DUE BY SATURDAY DEC. 7<sup>th</sup>. CLOSSES AT 150 PLAYERS.**

**Please make checks to: Cleveland Suburban Lacrosse 2406 Montclair Ave. Cleveland, OH 44109**

<b>LEAGUE USE ONLY:</b>	Method of Payment	Check # _____	Cash _____	Online _____
FEE: _____	DATE: _____	JERSEY: _____	TEAM: _____	