

CLEVELAND SUBURBAN LACROSSE

2015-16 CLEVELAND SUBURBAN LACROSSE WINTER LEAGUE REGISTRATION

\$165 FOR 9 GAMES, SHIRT, JERSEY. REGISTRATION CLOSES AT 150 PLAYERS. APPLICATIONS MUST BE IN BY Dec. 6TH

WINTER HAS SOLD OUT LAST 10 YEARS. PLAY WITH THE BEST FROM ALL OVER CLEVELAND.

Cleveland Suburban is the longest running field indoor league in Cleveland, created to offer layers the best coaching, competition and experience in the area. Entering its 15th year, as a program run by college coaches, the league is known for its balanced competition, hands on player coaching, and is a stop on the recruiting trail.

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.

SEND FORMS TO 1374 THOREAU RD. LAKEWOOD, 44107

PLAYERS CAN ALSO REGISTER ONLINE AT WWW.CLEVELANDSUBURBANLACROSSE.COM

LEAGUE INFORMATION

LOCATION, DATES AND TIMES:

WEDNESDAYS FROM DEC 9 TO FEB 18 AT 4, 5, 6, 7 or 8 . NEO SOCCER FACILITY, 6200 PEARL RD. PARMA HEIGHTS 44130

APPLICATION

\$165 PAYMENT IS DUE IN WITH REGISTRATION. PAYMENT BY CASH, CHECK OR ONLINE. PAYMENT MUST BE RECEIVED BY **DECEMBER 6th**. THERE'S A NON- REFUNDABLE \$25 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 10 TEAMS. EACH TEAM COMPRISED OF NO MORE THAN 14 PLAYERS, TEAMS MADE UP OF PLAYERS FROM ALL 4 GRADES AND DIFFERENT SCHOOLS. SCHEDULES/ROSTERS WILL BE SENT ON **MON DEC. 7TH.**

SEASON

TEAMS PLAY 6 GAMES AND 3 PLAYOFF GAMES, CULMINATING IN THE CHAMPIONSHIP ON FEB 18; 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 (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 willful act or gross negligence by the person or entity against whom the claim is made.

Signature of Parent/Guardian _____ Date: _____

LEAGUE COST IS \$165 DOLLARS. FEES AND FORM DUE BY SUNDAY DEC. 6th. CLOSSES AT 150 PLAYERS.

Please make checks to: Cleveland Suburban Lacrosse 1374 Thorea Rd. Lakewood, OH 44107

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