

2011-2012 Lax Registration Form

Anderson-McCallum KniTros Lacrosse

www.knitros.com

Player _____

School/Grade _____

Address _____

Zip Code _____

Player Email _____

Player Cell _____

Parents/Guardian _____

Home Phone _____

Mom's Email _____

Mom's Cell _____

Dad's Email _____

Dad's Cell _____

Health Insurance Plan _____

Policy # _____

I hereby give permission to KniTros Lacrosse Club to disclose player information for college athletic department recruiting purposes and / or college lacrosse coaches for recruiting purposes.

Parent initial Yes _____ No _____

Player/Parent Waiver & Release of Liability

In consideration of my membership of this lacrosse team and of my participation in sponsored activities of the club and of my direct participation in sponsored activities of the club, I acknowledge, agree and understand the following:

-Readiness to compete: Voluntarily and of my own free will, I elect to participate as a member of this lacrosse club. I will only participate in club practices, competitions and activities for which I believe I am physically and psychologically prepared to compete.

-Medical Attention: I hereby give my consent to the club and the host organization of any sponsored event to provide, through a medical staff of its choice, customary medical/athletic training, attention, transportation and emergency medical services as warranted through the course of my participation in sponsored lacrosse activities.

-Waiver and Release of Liability: I am fully aware of the appreciation and risks associated with participation in a lacrosse event including the risk of catastrophic injury, paralysis and even death, as well as other types of damages and loss. Further, I agree on behalf of myself, my heirs and person representatives, that this KniTros club, the host organization, along with their coaches, volunteers, directors, agent/officers of this organization, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in any events. My signature below is my acknowledgement that I have read and understood every provision of the Waiver and Release of Liability, and that I agree to abide by it.

Player Signature _____

Parent or Guardian _____

Date _____

Player Name _____

Yearly dues will be **\$325.00** for the fall ball practice and winter/spring season participating in Central Texas Division II Girls Lacrosse League. A **\$200.00 deposit** is due by the first day of fall practice (November 8th). The remaining balance is due (\$125.00) by December 8th.

The KniTros Club is not funded by AISD. Our coaches are paid by our registration fees. Since these funds are budgeted on a number of players, refunds are not available after deposit.

Please note: as the form was being reproduced, we currently are members of the Austin Community Foundation, which oversees our account. Please make your checks payable to “AUSTIN COMMUNITY FOUNDATION” for our dues.

Lastly, for new players who don't have lacrosse equipment. The club has negotiated with **SouthSwell Sports**, a starter kit of equipment, which includes a new stick, protective eye wear, mouth guard, ball and equipment bag for **\$90.00**. **SouthSwell** has generously donated back to the club for ball fees \$10.00 per package. This will keep our team in new lacrosse balls the entire year! If you need equipment, make a check payable to **SouthSwell Sports** and submit this check to Rob with your annual player dues. Equipment will take 5 days to deliver after you pay. Other packages offered by SouthSwell are higher than the \$90.00 fee.

Please return forms with payment for dues and or equipment to:

Rob Sieracki
3918 Edgerock Drive Austin, 78731

KniTros LAX contacts

Coach Marissa Erhart

merhart02@gmail.com

Coach Caroline Schram

ceschram@gmail.com

Rob Sieracki

rsieracki@flr.follett.com

970.3031