



www.the422sportsplex.com ♦ 1400 Industrial Hwy ♦ Pottstown, PA 19464 ♦ 610.323.9600

## Adult Lacrosse Registration

Session Start (check website): \_\_\_\_\_

Please read the following information carefully. Teams will play 7 or 8 games. Games will be played on Wednesdays between 8-10pm.

### Payment Information

Please return this form along with full payment to hold your individual spot in the league. Leagues are filled on a first come, first serve basis. Acceptable forms of payment are check, cash, Visa or MasterCard.

Individuals: \$75

### Other Information

Note: Fighting or any other offensive behavior will not be tolerated. Teams and/or individuals can and will be thrown out of the league (and possibly banned from the facility), with no money refunded.

The 422 SportsPlex reserves the right to place players on any team they choose. Players will not be allowed to move off of the teams on which they are placed. All players are responsible for knowing the house rules. Please check out the website for a copy.

### Player Information

Skill Level (circle one): Beginner Intermediate Advanced

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Cellular Phone \_\_\_\_\_

Facsimile \_\_\_\_\_ Email \_\_\_\_\_

Other Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your team need extra players? \_\_\_\_\_ If yes, how many extras do you need? \_\_\_\_\_

Refund Policy: If games are cancelled due to inclement weather or any other unforeseeable circumstance, we will attempt to reschedule play at a later date. However we cannot guarantee that cancelled games will be rescheduled. All teams are responsible for all SportsPlex rules, which can be found on our website or ask management for a copy.

In signing this application, I release The 422 SportsPlex & other involved parties from any claims or responsibility for injuries suffered in this league. I knowingly assume all risks associated with my participation, even if arising from 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 this league. Further, I authorize the site director to request medical treatment as necessary to insure my well being.

If under the age of 18, a parent or guardian's signature is required. Please print except for signature.

Athlete Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please indicate any medical or special needs that our staff should be aware of. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payment Method Used  Cash  Check (Check # \_\_\_\_\_)  Charge (circle) MasterCard Visa

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ Code \_\_\_\_\_ Amount \_\_\_\_\_ Initials \_\_\_\_\_