

# HERO'S 2012 BOYS HS SUMMER LACROSSE LEAGUE APPLICATION

Name: \_\_\_\_\_ , \_\_\_\_\_ Grade (Fall 2012): \_\_\_\_\_  
Last First

Position (Circle): \_\_\_\_\_ School (Fall of 2012): \_\_\_\_\_  
 Attack / Midfield / Defense / Goal

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Years of Playing Experience: \_\_\_\_\_

## Registration Options

*Check ONE of the two options below*

### Team Registration \_\_\_\_\_

Cost - \$1,200 per team

All applications and one check in full amount to be submitted by the team head coach no later than May 15th

**\*\*Coaches:** Please contact Director Warren Michael for more information at 814-215-6069 or [wmichael@hcpss.org](mailto:wmichael@hcpss.org)

### Individual Registration \_\_\_\_\_

Cost - \$75 per player if received by May 15<sup>th</sup>, \$85 after

Application and check in full amount to be mailed to:

Hero's Director – Warren Michael  
 5002 Dorsey Hall Drive Unit A5  
 Ellicott City, Maryland 21042

I affirm that I have read and fully understand the conditions set forth on the front and back of this form, and certify that the personal representations stated hereon are accurate and complete to the best of my knowledge and belief.

Applicant: \_\_\_\_\_  
(Signature)

Parent or Next of Kin: \_\_\_\_\_  
(Signature)

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Email : \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby apply for participation as a player in the Hero's Summer Lacrosse League with the understanding that:

- 1) All playing equipment shall be furnished by me.
- 2) No refund will be provided for individual players or registered teams after the start of league games.
- 3) I shall indemnify and hold harmless Hero's Inc. of Howard County from any damages, suits, claims, and actions (including attorney fees) arising from or in connection with any personal injury or property damage I may sustain from my participation in practices, games, or other activities of Hero's, Inc.
- 4) My attendance is requested for games from the second week of June through the last full week of July.
- 5) Applications postmarked after May 30th, 2012 will be placed only if room remains in league.
- 6) The League Director will determine any changes in league placement.
- 7) Rained-out and/or canceled games will NOT be made up due to lack of fields.
- 8) Teams and schedules will be posted on the Hero's Website [www.heroslacrosse.net](http://www.heroslacrosse.net) on June 16th. If you cannot identify your team information, please email at [wmichael@hcpss.org](mailto:wmichael@hcpss.org)

**Form on Reverse side must be signed!**

In connection with the applicant's participation in Hero's Summer League, the undersigned to certify that the applicant is in good health and able to participate in the program activities. We (are/are not) attaching a statement explaining special physical limitations and/or required medication, if any, (please indicate if the applicant suffers from allergies, asthma, diabetes, restricted activities, etc.). In further consideration of Hero's Inc. accepting this application, the undersigned hereby agree to save and indemnify and keep harmless Hero's Inc., its agents, and sponsors against any and all liability, claims, judgements or demands for damages arising as a result of injuries, death sustained by the applicant during or as a result of participation by the applicant in Hero's Summer League.

\_\_\_\_\_  
(Signature)                      (Parent/Guardian)                      (Print Name)                      (Date)

INSURANCE

Coverage for all expenses due to injury is the responsibility of the participant's parent and guardian. All participants require medical insurance. Please indicate your Family Health Insurance Plan below.

I have required insurance.

Health Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

MEDICAL TREATMENT AUTHORIZATION

The undersigned authorize Hero's Inc. and its agents permission to request medical treatment as necessary to insure the well being of the applicant.

\_\_\_\_\_  
(Signature)                      (Parent/Guardian)                      (Print Name)                      (Date)

Are you a current member of US Lacrosse?: YES or NO (circle one). If YES, Member #: \_\_\_\_\_

**Keep bottom portion for your information (below dotted line)**

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All games tentatively at **Alpha Ridge Park**: First game week of June 18<sup>th</sup>  
Last game week of July 30<sup>th</sup>

**Tentative Game nights:**    Boys "JV" (9-10) – Mondays  
   Boys "Var" (11-12) – Wednesdays

Helmet Rental Night will be on **Sunday, June 17<sup>th</sup> from 5 - 6pm at Blandair Park**. Helmets will be rented for \$10 with an \$100 deposit. **Play It Again Sports** will also be on hand to sell equipment at a special Hero's price. All other equipment including: arm pads, shoulder pads and gloves must be secured by each player in the league and is mandatory to participate.

Hero's coaches will provide a clinic for new or beginning players on **Sunday, June 17<sup>th</sup> from 6 - 7pm at Blandair Park**. Players will need equipment to participate.

**NOTE: NO practices/scrimmages for ANY division. Players should report to 1<sup>st</sup> game 30 minutes prior to the game. All other information (directions) will be updated on Hero's website: [www.heroslacrosse.net](http://www.heroslacrosse.net).**