



ROCKVILLE SportsPlex



www.rockvillesports.com • 60 Southlawn Court • Rockville, MD 20850 • 301.838.4455

Lacrosse League Application

First Session: November 21, 2009 – January 10, 2010

Second Session: January 16 – February 28, 2010

Please read the following information carefully. This is an application. You will be notified if your team is accepted into our league. All teams are responsible for knowing all polices of the Rockville Sportsplex—there are no exceptions. If make-up games are necessary, games may be scheduled during the week or after regular season play is over. Games played Saturdays or Sundays. 6 games per session. Games are 7v7 including a goalie.

Payment Information

Please return this form along with a \$140. Leagues are filled on a first come first serve basis. Acceptable forms of payment are check, cash, Visa or Mastercard.

Costs

Individuals: \$140 (prices include tax and referee fees)

Team Information

Teams with fewer than 13 players will be assessed a surcharge to the 13 player minimum. Teams may have more than 15 players only be request of the coach and approval from the league commissioner. All teams must have an adult coach registered with Potomac Lacrosse present for all games. This is a game only league, no practices provided, with certified referees provided for each game. Experienced players only, with a minimum of one full season of field lacrosse, permitted. Players must provide their own equipment Regulation equipment is required. **Please read our rules carefully about rescheduling.** The SportsPlex is not responsible for forfeits. All teams are responsible for knowing the house rules. Please check out the website for our rules. Rosters: 13 minimum players, 15 player maximum

First Session Age Divisions: U11 Boys U13 Boys U15 Boys JV Boys HS Varsity Boys

Second Session Age Divisions: U11 Boys U13 Boys U15 Boys

Incomplete applications will not be accepted into the league.

Participant Name _____ Male Female Age _____ Birthdate _____

Home Address _____ Home Phone _____

Mom Name _____ Dad Name _____

Mom Emergency Number _____ Dad Emergency Number _____

Mom Work Phone _____ Dad Work Phone _____

Mom Cell Phone _____ Dad Cell Phone _____

Mom Email _____ Dad Email _____

Refund Policy: If the league your request is filled, we will return your payment. 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. There are no refunds.

For Office Use Only	Received By _____	Date _____	<input type="checkbox"/> Roster	<input type="checkbox"/> Waiver	<input type="checkbox"/> Proof of Age	<input type="checkbox"/> Full Payment
<input type="checkbox"/> Cash	<input type="checkbox"/> Check(# _____)	<input type="checkbox"/> Charge (circle) MC	<input type="checkbox"/> Visa			
Credit Card # _____	Exp. _____	Code _____	Amount _____			