

WOMENS' LACROSSE **FALL 2009 INDOOR**



High School & adult
Register as an Individual or Team!

Sundays, November 8 –
Dec. 20th, 2009
Games start at noon & 1:00pm

WOMENS' INDOOR LACROSSE

- 5 vs. 5 plus goalies for maximum playing time & ball touches
- The best way to stay in shape
- The best way to develop both offensive AND defensive skills
- Experienced, certified umpires
- Jerseys Provided
- Goalies play free!
- No game the Sunday following Thanksgiving

Registration deadline Tuesday, Nov. 3rd
Players will be notified of Teams & Times
by Thursday, Nov. 5th

Rosters & schedules will be available at
www.celticlacrosse.com

COUNTRYSIDE YMCA

From I-275 or I-71

- I-275 to I-71 North
- Exit # 28 Lebanon Exit
- Stay to right, road becomes State Rt. 48 N
- Exit State Rt. 48 onto Turtle Creek-Union/
Deerfield Road
- Left at the stop sign
- At stop light take a right onto Deerfield Road

From I-75

- I-75 to Exit 29 go East on Route 63
- Turn right on to Route 42/S Broadway/OH 48
- Turn left onto E Orchard Ave. OH 48
- Turn right onto Deerfield Road



COUNTRYSIDE YMCA
1699 DEERFIELD ROAD
LEBANON, OHIO 45036
(513) 932 – 1424

Co-Sponsored by



515 S MAIN STREET
SPRINGBORO, OHIO 45066
(937) 550 4742
WWW.CELTICLACROSSE.COM

Sunday Women's Lacrosse League

Women's Lacrosse High School & Older
Countryside YMCA, Sundays 11/08 – 12/20/2009

Deadline: Tuesday, Nov 3, 2009

Fill out the individual or team registration form and mail, fax or drop off your registration & payment to:
Countryside YMCA
1699 Deerfield Road
Lebanon, Ohio 45036

___ Individual Registration \$ 75
___ Individual YMCA Member \$ 65
___ Team Registration \$ _____
Goalies Play Free but must register!

CREDIT CARD

Card #: _____
Card Type: Visa MC Discover AmEx
 Circle One of the Above
Expiration Date: _____
Zip Code: _____

CHECKS

Make checks out to: Countryside YMCA

TEAM REGISTRATION

Teams need minimum of 7 players & maximum
15 players including at least 1 Goalie

Team Captain or Coach

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone #: _____
Email: _____
U.S. Lacrosse # _____

TEAM NAME: _____

- | | |
|--------------------------|---------|
| 1. Goalie: _____ | } \$420 |
| 2. Name: _____ | |
| 3: _____ | |
| 4: _____ | |
| 5: _____ | |
| 6: _____ | |
| 7: _____ | |
| 8: _____ (+ \$70) \$490 | |
| 9: _____ (+ \$70) \$560 | |
| 10: _____ (+ \$70) \$630 | |
| 11: _____ (+ \$70) \$700 | |
| 12: _____ (+ \$70) \$770 | |
| 13: _____ (+ \$70) \$840 | |
| 14: _____ (+ \$70) \$910 | |
| 15: _____ (+ \$70) \$980 | |

Teams can subtract an additional \$5 for each YMCA member on roster. Membership number must be submitted with form. Additional Goalies play free- please note next to name above.

All players must submit signed waivers before playing! Waivers can be brought to 1st game.

INDIVIDUAL REGISTRATION

Due by November 3, 2009

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone #: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

School/Team: _____

Grade/Adult: _____

Position(s): _____

Yrs. Experience: _____

U.S. Lacrosse # _____

Date of Birth _____

Team or teammates requested: _____

Waiver and Release

I understand that (I am) (my child is) participating in a contact sport under normal playing conditions and that injury may occur. I will ensure that (I am) (my child is) properly equipped to play, and I will neither hold Celtic Lacrosse or their agents / employees responsible nor liable in the event of accident or injury to (me) (my child). In the event that (I) (my child) requires emergency medical treatment and attempts to contact me have failed, league staff are authorized to act for me in accordance with their best judgment.

Player's Name

Parent/Guardian Signature or Player, if over 18

All players required to be US Lacrosse members for insurance. See www.uslacrosse.org.