

Arrowhead High School Boys Lacrosse Team Open Practice* and/or Try-Out 2010 Season

Bring to Parent Club Meeting or mail this completed form, NX Level waiver (printed off website) and check to:
Emily Anderson W301 N5580 Sunrise Court, Hartland, WI 53029 by **Feb 15th**

Name _____ Birth date _____ Grade in School _____
 Address _____
 City _____ Zip Code _____
 Home Phone _____ Cell Phone _____
 Doctor _____ Phone _____
 Insurance Co./Policy # _____
 List any known medical problems (e.g.: asthma, allergies, etc.) _____
 US Lacrosse Membership # _____ Expiration Date _____
 Previous experience _____ Position _____
 Parents' email address(s): _____

Emergency contact: Name _____ **Phone** _____

**** WIAA physical examination/Athletic Code (green card or tan card) must be turned in to the AHS Activities Office prior to the first day of try-outs (March 8, 2010).**

I give consent for my child _____ to participate in Arrowhead High School Boys Lacrosse Club and Parent Club sponsored Open Practice and/or Try-Outs from March 1st through March 12th, 2010. I certify that my child's membership to US Lacrosse is current and valid. I realize that lacrosse is a physical sport played with a hard rubber ball, sticks, and protective equipment. I release Arrowhead High School, the Boys Lacrosse Club, the Boys Lacrosse Parent Club and its members, and all coaching staff from any and all liability that may occur as a result of participation during play or observation of lacrosse. We understand and acknowledge our responsibility, and agree to pay the try-out fees as determined by the Arrowhead High School Boys Lacrosse Parent Club.

Parent Signature _____ Date _____

Player Signature _____ Date _____

****No player will be allowed to try-out if he has not turned in:**

- 1. WIAA card (turned in to Activities Office)**
- 2. This form (MUST have current US Lacrosse Member ID # for insurance)**
- 3. Waiver from NX Level (print off AHS website)**
- 4. Fees**

***2010 Open Practice FEES** (covers rental of BISC March 1st thru 4th): **\$10.00**
2010 TRY-OUT FEES (covers rental of BISC/fitness assessment at NX Level): **\$30.00**
(Late Fee Charge If Received AFTER FEB 14th): **\$ 5.00**

TOTAL PAID -----> \$ _____

**Open Practice is not mandatory. This is offered as an opportunity to play indoors prior to try-outs. Due to limited indoor field availability, please rank in order, numerically, your preferred days for Open Practice. Players will be assigned a maximum of three days:*

*Monday, March 1st, 3:30 to 5:00 pm _____ (one field) *Tuesday, March 2nd, 3:30 to 5:00 pm _____ (two fields)

*Wednesday, March 3rd, 3:30 to 5:00 pm _____ (one field) *Thursday, March 4th, 3:30 to 5:00 pm _____ (one field)

Checks made payable to "AHS Boys Lacrosse" FEES are non-refundable.