

FORWARD LACROSSE WINTER LEAGUES

260 North Lord Street #223
Brookfield, WI 53045
262-844-7109

<p>We are excited to introduce the 2018 FORWARD LACROSSE WINTER LEAGUES.</p> <p>EMERGENCY HEALTH INFORMATION: It is the parent/guardian responsibility to advise FORWARD LACROSSE Staff on all medical condition that could become an emergency situation.</p> <p>Traditional 8v8 Field lacrosse format. (2-3-2-1 Format)</p>	<p>Where is the league: STIKS Academy , W240 S5197 Kuenzi Ln, Waukesha, WI, 53189</p> <p>Facility: https://stiksacademy.com/</p> <p>League Dates: Jan 12, 19, 26, Feb 2, 9, 16</p> <p>League times: Between 11 AM – 6 PM (schedules will be released in advance of league.)</p> <p>Boys League Format:</p> <p>8v8 Lacrosse, 22 minute running games, 2 games per week. Face off to start, quick restarts after each goal.</p> <p>2 Attack, 3 midfield, 2 defense, 1 goalie per team on field at a time (LSM's permitted.)</p>
<p>Name, Last _____ First _____ Age _____ Grade _____ (2018-2019 calendar year) Address _____ City _____ Spring Lacrosse Program _____ Parent/Guardian Name _____ Phone # _____</p> <p>E-Mail _____ Insurance Company _____ Policy Number _____</p>	<p>I hereby agree to indemnify and hold harmless FORWARD LACROSSE, its employees, officials, coaches, agents or agents' employees, from all loss, damages, liability or claims arising out of participation in FORWARD LACROSSE, CLINICS, LEAGUES or CAMPS.</p> <p>EMERGENCY HEALTH INFORMATION: It is the parent/guardian responsibility to advise Forward Lacrosse Staff on all medical condition that could become an emergency situation.</p> <p>I also agree to respond to and cooperate with any defense of investigation and claim or alleged claim made against Forward Lacrosse, its employees, officials, officers, agents or agents' employees, arising out of my participation. Forward Lacrosse shall have the right to approve any legal counsel selected to defend Forward Lacrosse in such a claim or alleged claim.</p> <p>_____ Signature of Parent/Guardian</p>