

2004 SCOOP IT UP SPORTS
SUMMER LEAGUE LACROSSE FOR GIRLS
RISING 5TH GRADERS THRU RISING 12TH GRADERS

LOCATION: St. Paul's School for Girls ~ Brooklandville, MD

DATES: Monday & Wednesday Evenings- 45 minute games
June 9,14,16,21,23,28, 30 July 1 (raindate)
*** Pick Up Shirts & Schedules on Tuesday, June 8th at St. Paul's*

TIMES: Middle School Games will begin promptly at 6:00pm
High School Games will begin promptly at 7:00pm

FEES: \$80 per player (includes game shirt, ref fees, team manager fees, field rental, & trainer)
Make checks payable to *Scoop It Up Sports*

DIRECTOR: Lellie Cherry Swords, Johns Hopkins Assistant Lacrosse Coach

COACHES: Local College lacrosse players ~ their responsibility is to be sure that every player plays equally & provide support to the players!

TEAMS: Approx. 20 players per team; teams will be put together according to positions

DEADLINE: June 4, 2004 **(\$20 late fee after); NO REFUNDS after 6/9/04**

CONTACT: scoopitup@earthlink.net or 443.271.1867 with any questions

Please mail check and registration form to:
SCOOP IT UP SUMMER LEAGUE • P.O. BOX 9839 • BALTIMORE, MD 21284

REGISTRATION FORM:

Name _____ Grade in Sept. '04

☆ Parents Email _____ Players Email _____
(Confirmations & team info will be sent via email- PLEASE PRINT LEGIBLY)

Street Address _____

City _____ State _____ Zip _____

School _____ Level: Rec Club Middle School JV

Position (circle one) Attack Midfield Defense Goalie Shirt Size _____

I would like to be on a team with (only 2 names per sheet): _____

US Lacrosse Membership # if you have one: _____ (required for insurance purposes)

Parents Names _____ Contact # _____

I understand that lacrosse is a contact sport. I accept that there is a risk of injury while playing or practicing the sport of lacrosse. I release Scoop It Up Sports, St. Paul's School for Girls, and other involved parties. Furthermore, I authorize the Scoop It Up Staff to act for me according to their best judgment in any emergency requiring medical attention.

Parent/Guardian Signature _____ Insurance Info _____