



Check-Hers Lacrosse 9th Annual

CHECK-HERS IS AFFILIATED WITH DEER PARK RECREATION COUNCIL IN COOPERATION WITH
CARROLL COUNTY DEPARTMENT OF RECREATION

LOCATION: CARROLL COMMUNITY COLLEGE, WESTMINSTER, MD 21157

DATES: SEPTEMBER 10TH THRU OCTOBER 29, 2006

GAME TIMES: 8:00, 9:00, 10:00, 11:00 A.M.

REGISTRATION: \$80.00 - NO REFUNDS

DEADLINE: SEPTEMBER 5 OR 300 SPACES, SIGN UP EARLY 2005 LEAGUE FILLED QUICKLY
PLAYERS MAY SIGN UP INDIVUALLY OR AS A TEAM. WE ONLY HAVE SLOTS FOR 16 TEAMS
NO MAKE-UP DATES

GIRLS ENTERING GRADES 9 THRU 12 ARE ELIGIBLE TO COMPETE IN THE LEAGUE

MOUTHGUARDS AND APPROVED GOGGLES ARE MANDATORY

NO JEWELRY ALLOWED

ALL PARTICIPANTS SHOULD BE MEMBERS OF US LACROSSE FOR INSURANCE PURPOSES

PLEASE CALL MEMBERSHIP DEPARTMENT OF US LACROSSE TO ENROLL 410-235-6882 EXT. 102

SEPTEMBER 8, 2006 6:30 - 7:30 P.M. ALL PLAYERS OR COACHES SHOULD PICK UP T-SHIRT AND
SCHEDULE AT CCC (PARKING LOT NEAR THE SOFTBALL FIELDS) IF YOU CAN NOT PICK UP T-SHIRT
PLEASE E-MAIL TO FIND OUT WHEN YOU PLAY.

MAIL APPLICATION AND LEAGUE FEE TO:

CHECK-HERS LACROSSE, INC.

1406 SUMMER SWEET LANE

MT AIRY, MD 21771

QUESTIONS? CALL COURTNEY VAUGHN 410-795-4022 OR E-MAIL VAUGHNCC@ADELPHIA.NET

NAME _____ PHONE _____

ADDRESS _____ ZIP CODE _____ SCHOOL _____

E-MAIL _____ US LACROSSE NUMBER _____

POSITION (CIRCLE ONE): A M D GK

Assumption of Risk and Consent: By filing out this form I acknowledge that I have been informed as to the nature of this program and that the program has certain risks of potential injury for those who participate. The undersigned acknowledges that Deer Park Recreational Council or Check-Hers Lacrosse, Inc. do not provide any registrant medical or hospitalization insurance whatsoever and hereby waives any and all claims or liability against Deer Park Recreation Council, the Carroll County Government, Winters Mill High School, Check-Hers Lacrosse, Inc. or any person affiliated with the Recreation Council for injuries sustained while participating in any practices, games, or traveling to and from games or participating in any leisure time activity. I acknowledge that the participant must adhere to all rules and instruction pertaining to the safety of the participants. Failure to comply could exclude my child from being a participant in this program or my child could be asked to leave before completion of the activity.

Parent/Guardian (Signature) _____

(Printed Name) _____ Date _____

Accessibility Notice: The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. If you have questions, suggestions, or complaints, please contact Jolene Sullivan, the Carroll County Government Americans with Disabilities Act Coordinator, at 410-386-3600 or TT number 410-848-9747. The mailing address is: 10 Distillery Drive, First Floor, Suite 101, Westminster, Maryland 21157.

