



Warrior
Lacrosse Club
Registration Packet
2011-2012 Season
www.foxlax.org

WARRIOR LACROSSE REGISTRATION CHECKLIST

Welcome to Warrior Lacrosse. Please complete the following packet and turn in to a coach, a committee member, or the parent representative by March 3, 2012. You will NOT be issued a uniform until all of these items have been submitted.

_____ **Registration form with parent signature**

_____ **Uniform request form with DEPOSIT check**

_____ **Physical form releasing the student for play for current season**

_____ **NO TOLERANCE agreement**

_____ **First semester report card passing 2.5 credits**

_____ **Payment of 2012 dues**

_____ **Volunteer form**

Warrior Lacrosse Registration

PLAYER INFORMATION:

Name: _____ Birth Date: __/__/__

Address: _____ City/Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Email: _____

Any Health Concerns: _____

School and grade level: _____

Lacrosse Experience: years played/where: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1 _____ Relationship: _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Email: _____

Address: _____ City/Zip: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1 _____ Relationship: _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Email: _____

Address: _____ City/Zip: _____

EMERGENCY INFORMATION:

Doctor's Name: _____ Phone: (____) _____

INSURANCE INFORMATION ON REVERSE SIDE

WARRIOR LACROSSE VOLUNTEER FORM

The Warrior Lacrosse Club needs all parents to help in order for the club to run efficiently. A deposit check for \$50.00 per player is required for grades 9-12. It will be returned when you have completed the job you volunteered for. Please look through the various areas that are listed below and select a few you would be willing to help in. An executive committee member will contact you once the game schedule is set. The DEVO parents are encouraged to help with field day, annual club fundraiser, and the end of the year picnic.

FAMILY CONTACT INFORMATION:

Parents/Guardians: _____

Player: _____ Team: (circle) DEVO FRESH JV VAR

Home Phone: (____) _____ Cell: (____) _____ Cell: (____) _____

Email: _____

AREAS YOU ARE WILLING TO HELP WITH:

_____ grounds keeping _____ concessions _____ time keeper

_____ score keeper _____ parent rep _____ merchandise sales

_____ chair club fundraiser committee

_____ 50/50 raffle at home games _____ game day set-up

_____ picnic committee _____ senior recognition

WARRIOR LACROSSE

PAYMENT OPTIONS

COST:

High School players (grades 9-12) \$300.00 per player
Developmental players (grades 7-8) \$200.00 per player**

These fees cover membership in MSLA, insurance and team expenses including but not limited to; field fees, tournament fees, referee fees, balls, goals, picnic/awards and miscellaneous supplies and equipment.

OPTION 1: (2 payments)

High School players (grades 9-12) dues \$300.00
* 12/01 – payments #1 \$150.00
* 03/03 – payment #2 \$150.00

Developmental players (grades 7-8) dues \$200.00
* 12/01 – payments #1 \$100.00
* 03/03 – payment #2 \$100.00

OPTION 2: (Payment with fundraising)

T.J.'s Pizza fundraising will be available for those that want to supplement the full cost of the program. The club will process 35% of the sales to be credited to the player's account. Players may participate in all fundraisers if they choose.

Fundraising dates:

October 20st – November 4th with delivery on November 17th

January 19th – February 2nd with delivery on February 16th

THERE WILL BE OTHER OPPORTUNITIES TO FUNDRAISE

Any outstanding fees need to be paid in full by 03/03 if your pizza sales fail to cover your remaining club fees.

SPECIAL NEEDS BASIS

Monthly payments can be set up beginning November 1st. Please contact Janet Black at 314-210-0749, janet.black@charter.net or through the club's website:

www.foxlax.org

Scholarship is available. For more info: www.foxlax.org

Due: November 1 Lacrosse payment coupon #1 grades 9-12

Player's name: _____

Amount: \$60.00

Payment method _____ cash _____ check (# _____)

Due: December 1 Lacrosse payment coupon #2 grades 9-12

Player's name: _____

Amount: \$60.00

Payment method _____ cash _____ check (# _____)

Due: January 1 Lacrosse payment coupon #3 grades 9-12

Player's name: _____

Amount: \$60.00

Payment method _____ cash _____ check (# _____)

Due: February 1 Lacrosse payment coupon #4 grades 9-12

Player's name: _____

Amount: \$60.00

Payment method _____ cash _____ check (# _____)

Due: March 1 Lacrosse payment coupon #5 grades 9-12

Player's name: _____

Amount: \$60.00

Payment method _____ cash _____ check (# _____)

Due: November 1 Lacrosse payment coupon #1 grades 7-8

Player's name: _____

Amount: \$40.00

Payment method _____ cash _____ check (# _____)

Due: December 1 Lacrosse payment coupon #2 grades 7-8

Player's name: _____

Amount: \$40.00

Payment method _____ cash _____ check (# _____)

Due: January 1 Lacrosse payment coupon #3 grades 7-8

Player's name: _____

Amount: \$40.00

Payment method _____ cash _____ check (# _____)

Due: February 1 Lacrosse payment coupon #4 grades 7-8

Player's name: _____

Amount: \$40.00

Payment method _____ cash _____ check (# _____)

Due: March 1 Lacrosse payment coupon #5 grades 7-8

Player's name: _____

Amount: \$40.00

Payment method _____ cash _____ check (# _____)

WARRIOR LACROSSE

Uniform Assignment Form

Player's name: _____

Home phone: (_____) _____

Grade: _____ School: _____

Years played: _____ Player's cell: (_____) _____

Jersey number preferred: 1st _____ 2nd _____ 3rd _____
(not guaranteed)

(Circle one)

Team: VAR JV FRESH DEVO

Jersey size: MED LG XL XXL XXXL

Var and JV require a \$300.00 deposit. check # _____

Freshman requires a \$100.00 deposit. check # _____

Developmental requires a \$50.00 deposit. check # _____

(checks will be held until uniforms are returned)

MAKE CHECKS PAYABLE TO: Warrior Lacrosse Club

Please note:

**Developmental - grades 7-8 are required to purchase team mesh shorts.
The cost is \$12.00.**



DEVO DEAL

**BRING A NEW PLAYER TO JOIN
AND SAVE \$50.00!**
(Both players must finish out the season)

RETURNING PLAYER _____

Name: _____ Birth Date: ___/___/___

Address: _____

City: _____ Zip: _____

Home phone: (_____) _____ Cell: (_____) _____

Email: _____

NEW PLAYER _____

Name: _____ Birth Date: ___/___/___

Address: _____

City: _____ Zip: _____

Home phone: (_____) _____ Cell: (_____) _____

Email: _____

Two checks \$150.00 and \$50.00 (\$50.00 will be returned at the end of the season)

