

Concord Summer Lax

Name: _____ Age: _____

Address _____ Email _____

City State Zip Phone _____

Health Insurance Co. _____ Policy # _____

School _____ Year _____ Coach _____

Position _____ Coach's Phone(s) _____

Years Played _____ Lacrosse Honors _____

All final team assignments will be made by the Commissioners Office

- 1) League will provide uniforms which must be worn.
- 2) Players will provide full complement of equipment.
- 3) Players must sign waiver on back of this form.
- 4) Parent (if minor) or Spouse (if married) must also sign waiver.
- 5) Games will be played Tues., Wed., and Thur., nights
- 6) Cost per player \$180 payable to: TOWN OF CONCORD
- 7) Team members will be notified of status by June 19.

COMPLETE ENTRY FORM, FRONT AND BACK, AND MAIL TO:

Tom Keller, Concord Summer Lax
5 Madison Street
Newburyport, MA 01950

Enclose \$180 (check only)
payable to:
TOWN OF CONCORD

CONCORD RECREATION DEPARTMENT