



Location: Charlestown High, Charlestown, MA.
Saunders Stadium, South Boston, MA
Email: Lacrosse@croartlacrosse.org
Phone: 617-592-7732

League fees are \$2,200 a team and \$150 for individuals, (\$2,000 a team and \$130 for individuals if paid by June 8th, 2009). Checks can be made out to CroART Inc. and mailed to 782 Dorchester Avenue, Boston, MA 02125. Attn: Tyrone Croom. **There will be no refunds after June 15th, the first week of play!**

League Details: Games will be played Monday, Tuesday, Wednesday and Thursday Nights starting Monday, June 15th, regular season and playoffs. The top 4 teams from Warrior and Comlax Division make the playoffs and play for Champion of those divisions. Top 4 teams from CroART and Brine Division make the playoffs and play for Champion of those divisions.

- **Regular season starts Monday June 15th, 2009.**
- **Games start at 6:00 pm, 7:00 pm, 8:00 pm, 9:00 pm and 10:00 pm.**
- **4 Divisions**
 - **Warrior Monday Night in Charlestown**
 - **CroART Tuesday Night in South Boston**
 - **Comlax Wednesday Night in Charlestown**
 - **Brine Thursday Night in South Boston**
- **Games are on turf at Charlestown High in Charlestown (Monday and Wednesday) and Saunders Stadium in South Boston (Tuesday and Thursday).**
- **Game rules will follow versions of Club and NCAA regulations.**
- **Games will be running time except last 2 minutes of the game, two 30-minute halves.**
- **Each team will receive league jerseys (tank top) that must be worn at all games!**
- **Certified Officials.**



SUMMER REGISTRATION FORM

Please circle registration type: Team Individual

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Team Registration Information:

Team Contact: _____ Team Name: _____

Please send all team registrations together in one envelope or turned in at the field. You need at least 12 players to be considered a team and a maximum of 25, if your register with fewer players, players will be added to your team.

Each player **must** complete and sign this form:

Name: _____ Phone: (_____) _____ - _____

Address: _____

City: _____ ST: _____ ZIP: _____

Email: _____

Age: _____ Years Playing: _____ Positions Played: _____

Insurance Information:

Company: _____ Policy Number: _____

Any Health conditions or previous injuries? _____

Doctor's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I assume all risks and hazards incidental to the conduct of the activities and do further release, absolve, indemnify, and hold harmless the organizers (CroART Inc.), sponsors, coaches, refs, and supervisors of The CroART Lacrosse League. In the case of injury I **waive** any claims against those named above and anyone appointed by them.

I understand that the activity I am participating in is a physical, high-risk sport and that I am participating in this league at my own risk with full knowledge of the dangers associated with participation. I understand no refund of fee will be allowed in case of dismissal for disciplinary reasons. I also understand that **NO DRUGS OR ALCOHOL** will be brought onto or consumed on the premises of Charlestown High, The Moakley Park or Rotch Field **PLAYING FIELDS**. The organizers reserve the right to suspend or expel any participant who violates league rules, or whose behavior or style of play is considered unsportsmanlike, uncontrolled, or at risk to other players. **There will be no refunds after June 15th, the first week of play!**

I have read the above paragraph and understand it fully. I assume all risk of injury. The release is signed on my own free act.

Player Signature: _____ Date: _____