



2015/16 Leagues Indoor Lacrosse League

Team Contact Name: _____ Email: _____

Cell: _____ Work: _____ Home: _____

Address: _____ City: _____ State: _____ Zip: _____

Team Name: _____

Coach 1: Email _____ Cell: _____

Coach 2: Email _____ Cell: _____

Team Level: Tournament Competetive Recreational Novice

EVENT	DATES	GRADE					
Boys LAX (\$2000)	Sundays Nov 22 – Mar 6	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7 / 8

10 week regular season. Week 11 is Championship Weekend. Top 2 teams in each division will play.

**No leagues on: Nov 29, Dec 27, Jan 3, Feb 14, Feb 21

**Future Stars reserves the right to combine grades to complete divisions. Divisions must have even number of teams.
Grade level and team strength will be discussed with coaches and FS organizer

REGISTRATION DEADLINE: OCT 30, 2015

\$500 deposit due upon registration. Payment in full after Oct 30th, 2015. Full payment due Nov 12, 2015. Teams with an outstanding balance will not be permitted to play until paid in full. There are no refunds for cancellations made within 4 weeks of the start date unless Future Stars Southampton is able to fill the spot.

Charge to my credit card:
 MasterCard
 Visa
 American Express

Name: _____ Card #: _____

Exp. Date: ____/____/____ Sec. Code: _____ Billing Zip Code: _____

Enclosed is a check (payable to **Future Stars Southampton**)

Please bring, mail, email or fax this form with your deposit to

Future Stars Southampton
 P.O. Box 1576
 Southampton NY 11969
 P: 631.287.6707
 F: 631.287.8633

Email: info@futurestarsouthampton.com

Waiver & Release

The registrant is physically cleared to participate in this program and does so at his/her own risk. I understand that neither Future Stars Southampton LLC, SYS Inc. and the Town of Southampton, nor it's agents will assume responsibility for accidents and/or medical expenses incurred at Future Stars Southampton. In the event of an emergency, I hereby grant Future Stars Southampton permission to give whatever immediate treatment is necessary and /or take my self/child to a hospital emergency room. Permission is hereby granted to utilize photos and videos taken at Future Stars Southampton as promotional material. I have carefully read all of the information and agree to all conditions.

Signature: _____ Date: _____