

# Girl's Lacrosse League

**GIRL'S LACROSSE** is the fastest growing team sport in the United States and will begin it's second season of league play in the Spring '09. **NO EXPERIENCE NEEDED!** Learn fundamentals of Lacrosse, team play and sportsmanship in the Johnson County League.

**Equipment needed includes:** Lacrosse stick, goggles, colored mouthpiece and soccer / lacrosse shoes. Approximate cost is \$80-\$100.

**Uniform:** Jersey and Skort approximate cost is \$36. This is not included in Registration Fee. You will be contacted with actual cost and payment information for uniform by Coach.

## Head Coaches include:

**Joe Vasta** – US Air Force Academy, All American Lacrosse Player.

**Dan Britton** – University of Delaware & Professional Lacrosse Player, FCA Senior VP.

**Jim McEnerney** – Roanoke College, VA., NCAA D111 Champions.

**Lydia Bauer** – William and Mary University, VA.

**Jill McDonald** – University of Kansas

**Games:** League consists of 6 games played typically on Sundays from March 29 to mid May.

**Game schedules, maps, rules:** To be distributed by Coaches.

**Practice:** Fridays – Late February – Mid May, Location and time to be determined.

**Questions:** Contact Pennie Vasta at (913) 549-4173 or [pennie@kc.tr.com](mailto:pennie@kc.tr.com)

## Register by March 6, 2009

- **Online:** [www.jcprd.com](http://www.jcprd.com),
- **Mail:** **JCPRD Registration, 6501 Antioch Rd. Shawnee Mission, KS. 66202**
- **Fax:** **(913) 831-6336**
- **Walk In: Registration, Bldg. C, Antioch Park, 6501 Antioch Road, Merriam, KS 66202 8:30am to 5pm Monday through Friday.**

Forms of payment accepted are: cash, money order, certified or company check, Visa, MasterCard, Discover or personal checks payable to Johnson County Park & Recreation District..

## REGISTRATION FORM (Please Print)

Please make checks payable to JCPRD and deliver to: Johnson County Park & Recreation District, 6501 Antioch Road, Shawnee Mission KS 66202 or fax to (913) 831-6336.

**6-60 min. games \$110 (\$121 nonresident) Check box for age group you are registering.**

92-3907-133-09 Girls Grades 7-8  92-3907-133-10 Girls Grades 5-6

**Please register jersey and skort size. You will be contacted by Coach with Uniform cost.**

92-3907-133-11 Jer Yth Med  92-3907-133-14 Jer Adlt Med  92-3907-133-17 Skort Yth Med  92-3907-133-20 Skort Adlt Med  
 92-3907-133-12 Jer Yth Lrg  92-3907-133-15 Jer Adlt Lrg  92-3907-133-18 Skort Yth Lrg  92-3907-133-21 Skort Adlt Lrg  
 92-3907-133-13 Jer Adlt Sm  92-3907-133-16 Jer Adlt XLrg  92-3907-133-19 Skort Adlt Sm  92-3907-133-22 Skort Adlt XLrg

## PARTICIPANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Hm #: \_\_\_\_\_ Wk #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parents Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

## EMERGENCY INFORMATION

Person to notify in case of emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician to notify in case of emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any medical problems or allergies: \_\_\_\_\_

Please charge all fees to: \_\_\_\_\_ MC \_\_\_\_\_ VS \_\_\_\_\_ Discover

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ CID# \_\_\_\_\_

mm/yy

Name as printed on Charge Card: \_\_\_\_\_

**Returned checks are subject to a \$20 Service Charge.**

**REFUND POLICY.....** Refunds will be made only when leagues are filled or when canceled by the Recreation District.

JCPRD is committed to making reasonable accommodations as required by the **Americans With Disabilities Act**. Requests must be made two weeks or ten working days prior to the start of the program. Please indicate what accommodations are needed: \_\_\_\_\_

## WAIVER STATEMENT

"The undersigned states that he/she understands that the Johnson County Park and Recreation District is not and shall not be responsible for or liable for any illness, or injury to person or damage to property resulting from the program in which the undersigned is enrolling or being enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the said Johnson County Park and Recreation District, its employees, agents and representatives from any and all claims on any kind that the participant, or the undersigned or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said program. Also, the undersigned and the participant authorize the Johnson County Park and Recreation District to use at its discretion any photograph(s) (black/white or color) taken of the participant while participating in the program and waive any and all claims that the participant or undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof."

**I Have Read & Understand The Waiver Statement, Registration Invald Without Signature.**

X Signature: \_\_\_\_\_

Parent or Guardian



**Johnson County Youth Lacrosse Club**

**Girls Grade 5-8**

**Spring 2009 League**

**Registration Deadline is March 6, 2009**



**JOHNSON COUNTY  
PARK & RECREATION  
DISTRICT**

**(913) 831-3359      Fax: (913) 831-6336**

**[www.jcprd.com](http://www.jcprd.com)**



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Shawnee Mission, KS 66202-3637