

Harford County Department of Parks and Recreation
DUBLIN DARLINGTON LACROSSE
2009 Registration Form



“Clinic 4-5, Girls 6, Girls & Boys 7-8, 9-10, 11-12 Teams”

Please mail your completed registration form along with your payment to:
P.O. Box 51
Port Deposit, MD 21904

For more information please call 443-957-5761 or go to www.ddlax.com.

The deadline for receipt of registrations is **January 9, 2010**. Submit a separate Registration form for each child.

Registration received after the due date will be placed on a waiting list and notified if/when spaces become available. You will be contacted in February of your Coach and team assignment and practice schedule. Any special requests must be submitted on this form. **NO EXECPTIONS AFTER FINAL REGISTRATION!** (Submit a separate Registration form for each child.)

Please make checks payable to: **Dublin Darlington Lacrosse**

AGE GROUP CUTOFF DATES	PRICE	BOYS	GIRLS
Clinic 5 to 6 years old (born from 8/31/2002 to 8/31/2004)	\$55.00		
Clinic Girls 6 years old only (9/1/2002 and 8/31/2003)	\$55.00		
Boys/Girls 7/8 (born 9/1/2000 to 9/31/2002)	\$105(B)/\$90(G)		
Boys/Girls 9/10 (born 1999 to 8/31/2000)	\$105(B)/\$90(G)		
Boys/Girls 11/12 (born 1997, 1998)	\$105(B)/\$90(G)		

Family Maximum Rate is \$200.00

Mark above box with an “X.”

Child’s Name: _____

Birth date: _____ Age on 8/31/09: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell1: _____ Cell2: _____

Parents(s) or Guardian(s): _____

E-mail Address(es): _____

Please list any special consideration or medical problems:

Emergency contact & phone number (other then listed above):

I would like to volunteer to: Coach Assistant Coach Assist with Fundraising

Child’s Shirt Size required: YXS (4-5) YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL Child’s

Short Size required: YS YM YL AS AM AL AXL

On Saturday, January 9th, 2010 we will hold the Boy's Equipment Rental and Sizing Day. You will be notified via email for the time and place for this to take place. If you can not be reached via email, please mark that on your registration form so that we may call you. If you will be renting any boys equipment, the following will be needed on that day:

1. One check for a \$30.00 non-refundable fee to rent any equipment.
2. A second check for a \$150.00 (REFUNDABLE), post-dated October 1, 2010, for equipment deposit. We only cash this check if the equipment you rent is not returned at the end of the season.

By my signature below, I hereby permit my child named above to play in the Dublin Darlington Lacrosse. I will not hold the officers of Dublin Darlington Recreation Committee or Dublin Darlington Lacrosse coaches responsible for any injuries sustained by my child while participating in the program, including transportation to and from scheduled skills days. I also understand that Dublin Darlington Lacrosse does not offer medical insurance and that I am liable for the costs of any medical services required as the result of any injury sustained by my child during participation in this program. I also certify by my signature that my child is physically fit to participate in this program. I, and anyone attending an event with me will abide by the Harford County **no tolerance rule**. My child's birth date above is accurate. **Registration fees are non-refundable.**

Parent's/Guardian's Signature

Date

I would like to sponsor or know someone who would like to sponsor a team (\$150). (Business, Individual, etc..)

Sponsor Name _____

The sale or use of tobacco in any form is prohibited in school buildings and on school grounds. Failure to comply with this request will subject the individual and/or group to revocation of their opportunity and/or permit to use said facility. The Department of Parks & Recreation encourages the participation of individuals with disabilities. If accommodations are needed you may contact the Havre De Grace Activity Center 410-939-6724 or Maryland Relay at "711." Please give two weeks notice. This document is available in an alternative format upon request.