



**DUBLIN DARLINGTON LACROSSE
2012 Registration Form**

**“Clinic 4-5, Girls 6, Girls & Boys 7-8, 9-10, 11-12, 13-14 Boys, 13-17
Girls Teams”**

Please register and pay securely on-line at www.ddlax.com (preferred method) or mail your completed registration form along with your payment to:

P.O. Box 51

Port Deposit, MD 21904

For more information please call 410-937-0081. Also, you can get a lot of information such as apparel order forms, etc., on our website at www.ddlax.com.

The deadline for receipt of registrations is **February 1, 2012**. A **\$25.00 LATE REGISTRATION FEE** will be charge **per player** for any applications received after 2/1/12. Registration received after the due date will be placed on a waiting list and notified if/when spaces become available. You will be contacted end of February of your Coach and team assignment and practice schedule. Any special requests must be submitted on this form. **NO EXCEPTIONS 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 4 to 5 years old	Free		
Girls 6 years old only - 1 st Grade	\$60.00		
Boys 7/8 (1 st thru 3 rd Grade)	\$105.00		
Girls 7/8 (2 nd & 3 rd Grade)	\$95.00		
Boys/Girls 9/10 (4 th & 5 th Grade)	\$105(B)/\$95(G)		
Boys/Girls 11/12 (6 th & 7 th Grade)	\$110(B)/\$100(G)		
Boys 13/14 (8 th & 9 th Grade)	\$110.00		
Girls 13-17 (8 th – 12 th) Grade	\$100.00		

Family Maximum Rate is \$225.00

Mark above box with an “X.”

Child’s Name: _____

Birth date: _____ Age on 8/31/10: _____

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:



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

(Head Coaches, your registration fee is waived for only the child you coach not your rental equipment fee.)

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

* Check here if you'd like to receive additional information about other DD Recreation Council Activities.

On Saturday, January 7th, 2012 we will hold Open Registration in person and 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 in addition to your registration check on that day:

1. One check for a \$35.00 non-refundable fee to rent any equipment.
2. A second check for a \$150.00 for each boy player (REFUNDABLE), post-dated October 1, 2012, for equipment deposit. We only cash this check if the equipment you rent is not returned at the end of the season.

NOTE: From time to time we take pictures during games and practices. We would like your permission to use these pictures on our website. We will never reference your child by name or provide any specific information regarding your child. We also will never sell these pictures; we will use them exclusively for DDLax purposes. Please take a moment to let us know your preferences regarding our use of photos of your children:

YES. I grant you permission to use photos of my child on the DDLax website.

NO. Please do NOT take or use any photos of my child.

Child(ren)'s Name(s) (PLEASE PRINT):

Parent/Guardian's Name (Print) and Signature (Sign):

Date: _____

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.