



**CECIL COUNTY PARKS & RECREATION
INDOOR LACROSSE LEAGUE
TEAM APPLICATION FORM**

**CCPR Lacrosse Youth League is accepting team applications
for the 2009 - 2010 season.**

Who: Girl & Boy Divisions : 7-9, 10-12, 13-15 yrs
When: Starting November 2, for 6 weeks
Where: Cecil Arena 2706 North East Rd North East MD 21901
Date: Games scheduled on Mondays or Wednesdays
Time: Between the hours of 5:30 and 8:30
Cost: \$ 400/ team or \$ 50.00 for individual registrant

**To register, complete the attached form and return it to the Cecil County Parks and Recreation
Department Office at 17 Wilson Road Rising Sun MD 21911
(410) 392-4537 or (410) 658-3000**

Please make checks payable to: Treasurer of Cecil County

Check us out on the web at CCGOV.ORG

There will be a \$5.00 fee charged to all refunds processed.

For additional information or if special accommodations are needed please call (410) 658-3000

Name of Participant: _____

Name of Team: _____ **Age Group** _____ **Gender** _____

Participant Address: _____

Phone Number: _____ **Email:** _____

Team Rep: _____ **Ph#:(home)** _____ **(cell)** _____

2nd Team Rep: _____ **Ph#:(home)** _____ **(cell)** _____

Amount Submitted: \$ _____ **Check #:** _____ **Cash:** _____ **Date:** _____

I have read the waiver on the reverse side and give my child(ren) permission to participate

Parent Signature *Date*



Cecil County Parks & Recreation Waiver for The Cecil Arena

2706 North East Road
North East, MD 21901

I, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Cecil County Government its representatives, successors, and assigns for any and all injuries suffered by myself at the activities for which I am requesting. I give permission for myself to be photographed while participating or attending a Parks and Recreation activity. I understand that photos may be used in future publicity.

Season and Sport

Team Name/Rep

ROSTERS (if applicable)

Player's name (Please Print)	Age	Parent Signature	Emergency contact/ Cell phone
1.			
2.			
3.			
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