



TOP GUN LACROSSE
Clam Elite Lacrosse League (CELL)

GENERAL INFORMATION

- **25 Games for High School Players over nine sessions**
- **9 practices and 18 games for Middle School Players over nine sessions**
- **Prizes awarded to High School top scorers**
- **Prizes awarded to Championship teams**
- **All games are played on Sunday**
- **Free Fighting Clam or Littleneck tryout with each registration**

I. PLAYER INFORMATION:

Name: _____
Mailing Address: _____
City/Town: _____ State _____ Zip _____
Area Code: _____ Telephone: _____ Birthdate: _____ Grade (2016-17): _____
Field Position: _____ Years Playing: _____ School _____
E-Mail: _____ **(Please print clearly!)**

II. LOCATION, DATES, AND GAME TIMES

LOCATION: Teamworks Acton, 30 Great Rd
DATES: December 4, 11, 18; January 8, 15, 22, 29; February 5, 12, 2017
TIMES: 7 am – 11:30 am for Middle School
12:30 pm - 5 pm for High School

III. PAYMENT – \$345

- Check enclosed, payable to Top Gun Lacrosse
 Charge to my Visa/MasterCard/American Express/Discover (circle one)

Card # _____ Expiration Date: _____
Cardholder: _____ Signature: _____

Registration is not refundable or transferable to another player.

IV. INSURANCE INFORMATION (Must be completed in full!!)

Insurance Carrier/Company _____ Policy Number _____

Please tell us about any medical conditions we should be aware of before seeking treatment:

V. PLAYER AGREEMENT

I agree to conduct myself in a sportsmanlike and socially responsible manner. **I understand that my failure to do so, solely in the opinion of Top Gun, may result in suspension or expulsion from the league without refund.** I also understand that my registration is non-transferable, and that lending my jersey to an unregistered player creates a significant liability risk and, as such, will result in a league suspension for me and a forfeit for my team. I understand that my attendance is important, as teams with forfeits will be excluded from playoffs.

Player Signature

Date

VI. PARENT AGREEMENT

As the parent or legal guardian of the above named registrant in the Clam Elite Lacrosse League, I hereby give him permission to participate. **I have read this application thoroughly** and understand all aspects of it, **particularly with respect to when games may be played.** I release Top Gun, its staff and the host facility from all liability associated with my son's participation in this league. I understand that my registration fee is non-refundable and not transferable to another session or another player. I also understand that weather-related cancellations and cancellations forced by circumstances beyond Top Gun's control will not be made up and no refunds will be processed.

I also grant Top Gun, its staff and designees permission to seek emergency medical care for my son. I certify that the insurance information provided is correct and current and agree to assume all responsibility for any medical expense incurred.

Signature of Parent, Legal Guardian, or player age 18 or over

Date

Please return completed form and payment to:

**Top Gun Lacrosse
30 Great Road
Acton MA 01720
FAX: 978-369-6557**

Tel. (978) 369.4334 E-Mail: info@topgunlax.com Web: www.topgunlax.com

**SPACE IS LIMITED; FIRST COME, FIRST SERVED!!
Unpaid or underpaid registrations will not be processed.
*Please keep a copy of this form for your records.***

**REGISTRATION DEADLINE:
NOVEMBER 23, 2016**