

WESTERN SPRINGS LACROSSE SKILLS & LEAGUE PROGRAMS

Boys Fall House League Session Details:

Focus will be on learning lacrosse skills in offense, defense and game strategies. Emphasis in scrimmages will be on skill development, teamwork, and sportsmanship. Practices are Sundays, September 9-October 21 1:30-3:00pm at Lyons Township HS South Campus. The fee is \$125.00. Lacrosse stick, mouthpiece, lacrosse or hockey helmet with face guard; shoulder pads, elbow pads, lacrosse gloves, and cup.

Code for Registration:

520245 B	3rd-4th grades
520245 C	5th-6th grades
520245 D	7th-8th grades

Boys Fall Intro to Lacrosse K/1st/ 2nd Grade Session Details:

Open to Kindergarten-2nd grade. Program is on Sundays, September 9-October 21, 12:00-1:15 pm at Lyons Township HS South Campus. Fee is \$90.00. Use code 520245 A to register. Boys only need a stick to play, and some are available to use.

Girls Fall Intro to Lacrosse Kindergarten Session Details:

The goals of this program are to introduce and develop basic skills for our youngest players using fun games and coaching techniques. Practices are on Mondays-September 10-October 15 5:30-6:30pm at Springdale Park, Western Springs. The fee is \$130.00. Use code: 520621 E
Equipment: Sticks available or bring your own. No goggles or mouth guard required (soft ball is used).

Girls Fall League Session Details:

REGISTRATION IS A TWO-STEP PROCESS

1. Register and pay at the Western Springs Recreation Dept
2. Register at www.iglax.org

League runs from September 9-October 21- See below for times. Both Pink and Purple have games on Sunday. Times will vary. First practice for all levels: Sunday, September 9, from 1:00-2:30pm at Springdale Park, Western Springs. A stick, goggles, and mouth guard required. IGLA pinny is required and may be purchased during registration at www.iglax.org.

PINK TEAMS- Practices on Monday

Fee:	\$185.00 R/NR. Late Fee of \$20 after 8/31/2018.
520621 A	8U Pink 1st/2nd grade 5:30-6:30
520621 B	10U Pink 3rd/4th grade 5:30-6:30
520621 C	12U Pink 5th/6th grade 5:30-6:45
520621 D	14U Pink 7th/8th/9th grade 5:30-6:45

PURPLE TEAMS- Practices on Monday & Wednesday

Fee:	\$285.00 R/NR. Late Fee \$20 after 8/31/2018.
Code	Grade
520621 A1	U8 Purple 1st/2nd grade 5:30-6:30
520621 B1	U10 Purple 3rd/4th grade 5:30-6:30
520621 C1	U12 Purple 5th/6th grade 5:30-6:45
520621 D1	U14 Purple 7th/8th/9th grade 5:30-6:45

**NEVER PLAYED LACROSSE
BEFORE OR HAVE ONLY A
SMALL AMOUNT OF
EXPERIENCE? NO
PROBLEM! WE HAVE A
PROGRAM TO FIT YOUR
NEEDS.**

**PLAYED BOYS LACROSSE
BEFORE? WE OFFER BOYS
TRAVEL PROGRAMS!**

**EMAIL
MTHUMA@WSPRINGS.COM
FOR INFORMATION**

**BOYS AND GIRLS
PROGRAMS FOR
K- THRU 8TH GRADE**

QUESTIONS? CONTACT KELLY LETTEN

**kletten@wsprings.com
1 (708) 246-9070
www.wsprings.com/lacrosse**

**Register online
<https://recregistration.wsprings.com> or
Registration form on
www.wsprings.com/lacrosse
Return form to: WS
Recreation Center, 1500
Walker St. Western Springs,
60558
Fax to 708-246-1309 or
Scan and email to
kletten@wsprings.com**

Program Application

☐ In order to better serve participants, **PLEASE CHECK THIS BOX** to inform us of any special needs, accommodations, severe reactions/allergies, or medical conditions that may impact the participant's enjoyment in the programs. We will then call to discuss appropriate and further actions after your registration is completed.

PLEASE PRINT ALL INFORMATION ONE PERSON/CLASS PER LINE. Unless otherwise notified, participants are enrolled when Rec Dept receipt is issued and received. If you do not receive a receipt, please call the Rec Dept.

	6-Digit Code	Code Letter/s	Day	Activity Name	Registrant's Name	Grade	M/F	Birthdate (Mo/D/Yr)	Fee
ONE								/ /	
	2ND CHOICE								
TWO								/ /	
	2ND CHOICE								
THREE								/ /	
	2ND CHOICE								
FOUR								/ /	
	2ND CHOICE								

PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

Please read this carefully and be aware that by registering for and participating in programs or by registering your minor child/ward for participation in programs you will be waiving your rights and/or the right of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of programs and you will be required to indemnify, hold harmless and defend the Village of Western Springs for any claims arising out of participation in Recreation Department programs.

RISK OF INJURY: "As a participant in the programs, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with Recreation Department programs."

WAIVER OF INJURY CLAIMS: "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the programs."

RELEASE FROM LIABILITY: "I do hereby fully release and discharge the Village of Western Springs and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the programs."

INDEMNIFY AND DEFENSE: "I further agree to indemnify, hold harmless and defend the Village of Western Springs and its officers, agents, and employees from any and all claims from injuries, including death, damages, and losses sustained by me or my minor child/ward and

TOTAL ENCLOSED \$

arising out of, connected with, or in any way associated with the activities of the programs."

In the event of any emergency, I authorize the public entity to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above stated conditions of participation.

☐ Check here if any information has changed. **NOTE:** All receipts sent via email. Please print legibly.

PLEASE PRINT!
You **MUST SIGN**
Waiver
for
application
to be
processed

Parent/Guardian Name _____ E-mail _____
Signature _____ Date _____
Address _____
City/Zip _____ School _____
Home Ph _____ Emergency Ph _____

PAYMENT METHOD:

☐ Check

☐ Cash



For credit card payments, a 1% non-refundable convenience fee will be added to total transaction as a separate charge.

Card # _____ Exp. Date _____

Name as it appears on credit card _____