

ABOUT US:

O'Fallon Styx was founded to promote lacrosse in the greater Metro East St Louis area. We strive to create a fun and safe place for your children to learn and play lacrosse.

CONTACT US:

Tamara Boots

Phone: 618-628-7115

Email: styxlax@earthlink.net

Address: 142 Hodgens Mill Lane
O'Fallon, IL 62269

INDOOR LEAGUE LOCATION:

Boys and Girls Youth for the Winter 2011/2012 season will be held at the O'Fallon Vetta Sports.

590 Hartman Lane
O'Fallon IL 62269

Phone: 618-589-3951

O'Fallon Styx 2011 Indoor League

YOUTH Girls Grades 3-8 new and returning players

Session 1: Wed – Nov 2 to Dec 21

Session 2: Wed – Jan 4 to Feb 15

(7 weeks each session)

Time: 4-5:15 pm

Coach: Dave Boots and Staff

Cost: \$100.00 per session

Skills and Scrimmages

YOUTH Boys Grades 6-8 new and returning players

Session 1: Wed – Nov 2 to Dec 21

Session 2: Wed – Jan 4 to Feb 15

(7 weeks per session)

Time: 5:15 – 6:30 pm

Coaches: Jimmy Greene and Jan Schaeuble

Cost: \$100.00 per session

Skills and Scrimmages

General Information:

Every player is required to be a current member of US Lacrosse. You may check your expiration date or join www.uslacrosse.org.

We will not process your registration form if it does not have a valid membership number and expiration date.

Your cancelled check is proof of registration.

We encourage and promote good sportsmanship. Our coaching staff reserves the right to remove any player from instruction or competition if they display poor sportsmanship or disrespect our staff or other participants.

Equipment Requirements:

Girls – goggles, girls lacrosse stick, and **mouth guard**.

Boys – Helmet, stick, cup, gloves, arm and shoulder pads and **mouth guard**.

Each player must also bring a reversible assigned to them the first week. If you do not bring gear you may not play.

Gear may be rented from O'Fallon Styx. Please call Tamara to make arrangements and for costs.

Registration Form

Please complete the form below

Name: _____

Address: _____

City, State, Zip _____

Phone: _____

Email: _____

Emergency Contact Name : _____

Emergency Phone: _____

**US Lacrosse Number (REQUIRED) _____

**US Lacrosse Expiration Date _____

Located on mailing label of Lacrosse magazine or by visiting
www.uslacrosse.org

**We will not be able to process your registration without US
Lacrosse number and expiration date!

Grade: _____

Position: _____

League Selections

Youth Girls	Session 1 - Nov/Dec	Cost: \$100.00
	Session 2 - Jan/Feb	Cost: \$100.00
Youth Boys	Session 1 - Nov/Dec	Cost: \$100.00
	Session 2 - Jan/Feb	Cost: \$100.00

Waiver and Release:

In consideration of being allowed to participate in any way in the **O'Fallon Styx** league-related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If , however, I observe any unusual significant hazard during my presence or participation and bring such to the attention of the nearest official immediately; and

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY RELEASE AND HOLD HARMLESS **O'Fallon Styx**, their officers, agents and/or employees, other participants sponsoring agencies, sponsors, advertisers, and , if applicable, owners and lessors of premises used to conduct the event (Releasees), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I have read this release of liability and assumption of risk agreement, I fully understand that I have given up substantial rights by signing this form, and sign it freely and voluntarily without any inducement.

Applicant Signature (Parent or guardian signature if player is under 18)

Date

Please return **Waiver and Release, Registration form and full payment** to 142 Hodgens Mill Lane.

O'Fallon, IL 62269 (**checks payable to Tamara Boots**).