



FALL LACROSSE PROGRAMS

MEN'S TRAVEL TEAM (\$575)*

Practices: (9/10 to 10/29) Tues & Thurs (5:30 – 7pm)
& Saturday's (9 to 10:30 am)**

(3) TENTATIVE TOURNAMENTS INCLUDED:**

- 10/12 - 13 Lake Norman Classic, Mazeppa Park, NC
- 10/20 SE HS Invitational, Matthews Sportsplex NC
- 11/2 & 3 Myrtle Beach Fall Claxic – Myrtle Beach

WOMEN'S TRAVEL TEAM (\$575)*

Practices: (9/10 to 10/29) Tues & Thurs (5:30 – 7pm)
& Saturday's (9 to 10:30 am)**

(3) TENTATIVE TOURNAMENTS INCLUDED:**

- 10/12 -13 Carolina Showcase, Matthews Sportsplex
- 10/19-20 Southern Lacrosse Showcase, Rock Hill SC
- 11/2 & 3 Myrtle Beach Fall Claxic – Myrtle Beach

MEN'S REC LEAGUE (\$325)

Beginner to Intermediate Level – MS & HS
Practices: (9/10 to 10/29) Tues & Thurs (5:30 – 7pm)
& Saturday's (9 to 10:30 am)**

WOMEN'S REC LEAGUE (\$325)

Beginner to Intermediate Level – MS & HS
Practices: (9/10 to 10/29) Tues & Thurs (5:30 – 7pm)
& Saturday's (9 to 10:30 am)**

REQUIRED UNIFORM FOR TRAVEL TEAM – ORDER NEW OR REPLACEMENT BY 9/10/19

PINNIE: (ADD \$30) ____ S/M ____ L/XL JERSEY # _____ (List 3 NUMBER options in order of preference)
TEAM SHORTS: WILL BE AVAILABLE ON TEAM SHOP

Player Name: _____ DOB: _____ School: _____ Grad Year: 20____

Player Email: _____ Cell: _____

Parent(s): _____ Email: _____

Address: _____

Cell: _____ US Lacrosse #: _____ Exp: _____

** Travel & Hotel expenses not included, ** Check Schedule page on website for complete program dates & possible adjustments*

Checks payable to Carolina Crush Lacrosse, mail registration forms to:
Sandy Barnett 10926 Redgrave Lane, Mint Hill NC 28227

www.carolinacrushlacrosse.com

carolinacrushlacrosse@gmail.com

Please note that cancellations due to weather or field conditions will be communicated in a timely manner, and every attempt will be made to substitute additional dates. No full or partial refunds. This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

(Parent/Guardian Signature) DATE SIGNED: _____

Practice Field: 6335 Wilson Grove Rd, Charlotte NC
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