



NEXT LEVEL LACROSSE YOUTH TOURNAMENT TEAMS TRYOUTS

5 Tournaments – Cost is \$750 (practices when practical)

Tryout Dates and Locations - (\$25 Non-refundable tryout fee)

Grade your son will be in this fall: 8th is 2019 7th is 2020 6th is 2021 5th is 2022

Wide World of Indoor Sports - 621 Pound Hill Road, North Smithfield, R.I. 02896

Friday, August 22nd, Saturday, August 23rd & Monday, August 25th, 2014

Friday 8/22 – Field 1 & 2 -- 6 pm – 7 pm --- 5th, 6th, 7th & 8th Graders (grade THIS fall)

Saturday 8/23 – Field 1 & 2 -- 9 am – 10:30 am --- 5th, 6th, 7th & 8th Graders (grade THIS fall)

Monday 8/25 – Field 2 -- 6 pm – 7 pm --- 5th, 6th, 7th & 8th Graders (grade THIS fall)

Name: _____

Address: _____ **Phone #:** _____

Age: _____ **Date of Birth:** _____ **Grade:** _____

Position: Attack _____ Midfield _____ Defense _____ Goalie _____

US Lacrosse Membership # _____

E-mail address _____

Division: 8th Grade-2019___ 7th Grade - 2020___ 6th Grade-2021___ 5th Grade-2022___

List any pre-existing medical conditions: _____

I hereby give permission for _____ to participate in clinics/leagues held by "Next Level Lacrosse." I further authorize the program to provide emergency treatment for an injury or illness. This authorization is granted only if I cannot reach someone and a reasonable effort has been made to do so. I am aware that participating in lacrosse is a potentially hazardous activity. I assume all risk associated with participation in this sport, including but not limited to a fall, contact with other participants, the effects of weather, traffic and other reasonable risk associated with the sport. All such risk to me are known and understood by me. I understand this consent form and agree to its conditions. I agree to indemnify and hold harmless Next Level lacrosse and its organizers from any and all causes of action, claims, demands, losses and costs of any nature whatever arising out of or in any way relating to my participation in this program. I agree and understand that any photographs taken of any player, coach or family member can be posted on our website for lacrosse purposes.

Signature: _____

Date: _____

CONTACT: Holly O'Donnell, Next Level Lacrosse steveod@cox.net 401-232-1566

Mail checks payable to: 401 Next Level Lacrosse, P.O. Box 17336, Smithfield, R.I. 02917

By-The-Bay Lacrosse Classic	Portsmouth Glenn, Portsmouth, RI	Monday, October 13 th
NH Tomahawks Scarecrow Festival	ForeKicks, Tauton, MA	Sunday, October 19 th
Penquins, PrimeTime Shootout	Massachusetts	Sunday, October 26 th
3D Mayflower Fall Invitational	Forekicks, Taunton, MA	Saturday, November 1 st
Bryant University, Bulldog Classic	Smithfield, RI	Sunday, November 2 nd