



**Sports Academies Registration Winter 2009**

200 Four Seasons Drive Charlottesville, VA 22901

(434) 978-PLAY or fax: (434) 817-1749

Participant's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Gender: Female Male Date of Birth: \_\_\_\_\_ Present Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Allergies, medications, other concerns: \_\_\_\_\_ Health Ins/Policy # \_\_\_\_\_

How did you hear of ACAC's Programs? \_\_\_\_\_ ACAC Membership Type: \_\_\_\_\_

**Family Information**

Mother/Guardian Name: \_\_\_\_\_ Address & Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Address & Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

**Emergency Information**

Name #1: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Program Information**

Sport: (circle) Boys Lacrosse Leagues Boys Lacrosse Academies Girls Lacrosse Field Hockey

Position: \_\_\_\_\_ Previous Team(s): \_\_\_\_\_ Coach: \_\_\_\_\_

# of years experience: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Short Size: \_\_\_\_\_



# ACAC Sports Academies Registration Form

**January - February 2009 Adventure Central - Indoor ARENA**

Check Box	Sport/Program	Grades	Day	Time	Session Dates	ACAC Pricing (circle one)			
						Family Member	Member	Non-Member	
	<b>Lacrosse Academies</b>								
	Boys Lacrosse Academy	2nd,3rd,4th,5th	Wed	5:45 - 7:00	1/7,1/14,1/21,1/28	\$ 90.00	\$ 100.00	\$ 105.00	
	Boys Lacrosse Academy	2nd,3rd,4th,5th	Wed	5:45 - 7:00	2/4, 2/11, 2/18, 2/25	\$ 90.00	\$ 100.00	\$ 105.00	
	Girls Lacrosse Academy	6th, 7th,8th	Thurs	5:45 - 7:00	1/8,1/15,1/22,1/29	\$ 90.00	\$ 100.00	\$ 105.00	
	Girls Lacrosse Academy	6th, 7th,8th	Thurs	5:45 - 7:00	2/5, 2/12, 2/19, 2/26	\$ 90.00	\$ 100.00	\$ 105.00	
	<b>Ben Rubeor Lacrosse Academies</b>								
	Hoos Lax OFFENSE Academy	6th,7th,8th	Wed	7:00 - 8:15	1/7,1/14,1/21,1/28	\$ 120.00	\$ 130.00	\$ 140.00	
	Hoos Lax OFFENSE Academy	High School	Wed	8:15 - 9:30	1/7,1/14,1/21,1/28	\$ 120.00	\$ 130.00	\$ 140.00	
	Hoos Lax DEFENSE Academy	6th,7th,8th	Thurs	7:00 - 8:15	1/8,1/15,1/22,1/29	\$ 120.00	\$ 130.00	\$ 140.00	
	Hoos Lax DEFENSE Academy	High School	Thurs	8:15 - 9:30	1/8,1/15,1/22,1/29	\$ 120.00	\$ 130.00	\$ 140.00	
	<b>FIELD HOCKEY</b>								
	Field Hockey Academy	6th,7th,8th	Mon	5:30 - 6:50	1/12, 1/19, 1/26, 2/2, 2/9, 2/16	\$ 115.00	\$ 120.00	\$ 140.00	
	Field Hockey Academy	High School	Sunday	7:00 - 8:30	1/11, 1/18, 1/25, 2/1,2/8, 2/15	\$ 115.00	\$ 120.00	\$ 140.00	
	<b>ACAC Indoor Lax Leagues 4 v 4</b>								
	Boys Varsity Lax League	11th - 12th	Sunday	3:00,3:50,4:40,5:30	1/11, 1/18, 1/25, 2/8, 2/15, 2/22, (Skip Super Bowl 2/1)	\$ 110.00	\$ 115.00	\$ 130.00	
	Boys JV Lax League	9th - 10th	Sunday	Noon,12:50,1:40	1/11, 1/18, 1/25, 2/8, 2/15, 2/22, (Skip Super Bowl 2/1)	\$ 110.00	\$ 115.00	\$ 130.00	
	7th & 8th Boys Lax League	7th & 8th	Tues	6:30 - 8:30pm	1/13, 1/20, 1/27, 2/3, 2/10, 2/17,	\$ 110.00	\$ 115.00	\$ 130.00	
	5th & 6th Boys Lax League	5th & 6th	Mon	7:00 - 8:30pm	1/12, 1/19, 1/26, 2/2, 2/9, 2/16,	\$ 110.00	\$ 115.00	\$ 130.00	

Full equipment required when participating in all ACAC Academies and Leagues. No cleats, tennis shoes only. Short poles only for lacrosse games.  
 ACAC program manager reserves the right to remove any player, coach or fan from Arena for unsportsmanlike or dangerous behavior either on or off the court.

Please send form and Payment to: ACAC Adventure Central, 200 Four Seasons Drive Charlottesville, VA 22901  
 Phone: 434.978.7529 Fax: 434-817-1749 <http://ville.acac.com/youthsports.html>

Cash \$ \_\_\_\_\_

Check (Payable to ACAC) \$ \_\_\_\_\_ Credit Card Type: \_\_\_\_\_ # \_\_\_\_\_

Before entering Arena floor, all participants must submit signed Parent/Guardian Consent!  
 THANK YOU! exp \_\_\_\_\_

**Parent/Guardian Consent and Agreement**

I am requesting that the above child be admitted to the program and I understand the nature and scope of the program listed above and will adhere to all policies and procedures of the program. I understand that there are risks and dangers associated with the program. I understand that it is not the function of the Atlantic Coast Athletic Clubs of Virginia, Inc. (ACAC), its employees, agents, operators, or instructors to guarantee the safety of participants with respect to the program. I also understand that each participant has the responsibility to exercise due care in the performance of the program for the safety of himself/herself and the other participants. In the event that I cannot be reached in an emergency involving the above named participant, I hereby give permission to the appropriate medical personnel, selected by the Director, to provide medical treatment deemed necessary by such personnel. I also give permission for the named child to be included in photos or videos for promotional use. Also my signature below signifies that I give permission to my child to be transported to the ACAC's Sports Conditioning program if needed.

In consideration of the participant being permitted to enroll in the program I hereby release, indemnify, and hold harmless ACAC, its employees, operators, counselors, and instructors from any and all claims and demands, costs, charges, and expenses for harm, injury, damage, or loss which may be sustained by the participant as a result of or relating to participation in the program.

**I HAVE READ, AND I UNDERSTAND, THE ABOVE LIABILITY RELEASE.**

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date