



**ACAC Sports Registration Winter/Spring 2010**

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 Registration Form

## Winter/Spring 2010 Adventure Central - Indoor ARENA

Check Box	Sport/Program	Level	Grades	Day	Time	Session Dates	ACAC Pricing (circle one)			
							Family	Member	Non-Member	
	<b>Indoor Lax Leagues</b>									
	Boys <b>JV</b> Lax League	Intermediate-Advanced	9th - 10th	Sun	12:00 - 2:00pm	<b>Jan 10 - Feb 21 **</b>	\$ 105.00	\$ 115.00	\$ 125.00	
	Boys <b>Varsity</b> Lax League	Intermediate-Advanced	11th - 12th	Sun	3:00 - 5:00pm	<b>Jan 10 - Feb 21 **</b>	\$ 105.00	\$ 115.00	\$ 125.00	
	<b>7th &amp; 8th</b> Boys Lax League	Intermediate-Advanced	7th - 8th	Thurs	<b>5:30 - 8:30pm*</b>	Jan 14 - Feb 18	\$ 105.00	\$ 115.00	\$ 125.00	
	<b>5th &amp; 6th</b> Boys Lax League	Intermediate-Advanced	5th - 6th	Tues	6:30 - 8:15pm	Jan 12 - Feb 16	\$ 105.00	\$ 115.00	\$ 125.00	
	<b>Girls</b> High School Lax League	Varsity Players	9th - 12th	Sun	5:00 - 7:00pm	<b>Jan 10 - Feb 21 **</b>	\$ 105.00	\$ 115.00	\$ 125.00	
	<b>Hoos Lacrosse Academies</b>									
	Hoos Lax Academy	Intermediate-Advanced	5th - 7th	Wed	7:00 - 8:15pm	Jan 6 - Jan 27	\$ 105.00	\$ 115.00	\$ 125.00	
	Hoos Lax Academy	Intermediate-Advanced	8th - 10th	Wed	8:15 - 9:30pm	Jan 6 - Jan 27	\$ 105.00	\$ 115.00	\$ 125.00	
	<b>Lacrosse Academies</b>									
	<b>Girls</b> Lax Academy	Intermediate-Advanced	6th - 8th	Mon	7:00 - 8:15pm	Jan 11 - Feb 15	\$ 105.00	\$ 115.00	\$ 125.00	
	<b>Boys</b> Lax Academy	Intermediate-Advanced	2nd - 4th	Wed	5:30 - 6:45pm	Jan 6 - Jan 27: Session I	\$ 90.00	\$ 100.00	\$ 110.00	
	<b>Boys</b> Lax Academy	Intermediate-Advanced	2nd - 4th	Wed	6:45 - 8:00pm	Feb 3 - Feb 24: Session II	\$ 90.00	\$ 100.00	\$ 110.00	
	<b>Boys</b> Lax Academy	Beginner	2nd - 4th	Wed	5:30 - 6:45pm	Feb 3 - Feb 24	\$ 90.00	\$ 100.00	\$ 110.00	
	<b>Girls Field Hockey</b>									
	Field Hockey Academy	All Levels	9th - 12th	Sun	7:00 - 8:30pm	<b>Jan 10 - Feb 21 **</b>	\$ 105.00	\$ 115.00	\$ 125.00	
	Field Hockey Academy	All Levels	5th - 8th	Mon	5:15 - 6:50pm	Jan 11 - Feb 15	\$ 105.00	\$ 115.00	\$ 125.00	
	Field Hockey Academy	All Levels	2nd - 4th	Mon	5:30 - 6:45pm	April 12 - May 17	\$ 105.00	\$ 115.00	\$ 125.00	
	Field Hockey League	Experienced	9th - 12th	Sun	5:00 - 6:30pm	<b>Mar 7th - Apr 25th ***</b>	\$ 105.00	\$ 115.00	\$ 125.00	
	<b>LATE FEE</b>	Please register 10 days prior to start date to avoid \$5.00 late fee.						<b>\$5.00</b>	<b>\$5.00</b>	<b>\$5.00</b>

\* Time frame based on enrollment

\*\* Skip February 7th

\*\*\* Skip April 4th and 11th

**Boys Lacrosse:** Helmet, gloves, arm & shoulder pads, mouthguard. Short poles only,

**Field Hockey:** Goggles, mouthguard, shinguards & indoor stick. **Girls Lacrosse:** Goggles & mouthguard.

All players are reminded to wear sneakers/indoor athletic shoes and bring a water bottle.

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://eville.acac.com/youthsports.html>

Participant's Name:

CC #

Expiration Date:

Before entering Arena floor, all participants must submit signed Parent/Guardian Consent!

**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 \_\_\_\_\_