

Hi Everyone,

Congrats on a great Beach tournament and good luck this weekend at the GATORFEST!!
If anyone has any pictures from the Beach Tournament that I could put up on the website I would greatly appreciate it if you would send them to me.

Below is the link to the GATORFEST tournament. Our middle school team is team #54 in the 2014 division and our high school team is team #19 in the 2012 division.

http://www.spsfg.org/athletics/fall_ball/index.aspx

HIGH SCHOOL GAME TIMES: 8:30, 10:00, 11:30
MIDDLE SCHOOL GAME TIMES: 1:00, 2:30 & 4:00

WAIVERS ARE ATTACHED.....PLEASE BRING YOUR COMPLETED WAIVER TO PRACTICE OR THE TOURNAMENT. PLEASE GIVE IT TO LAURIE VOSS.

Also updates and all info are available at:

<http://www.campodyssey.org/lax.html>

UPCOMING TOURNAMENTS:

July 9-11: Upper Atlantic Girls Lacrosse Tournament, United States Training Center, Downingtown, PA <http://www.go2ustc.com/tournaments/2010-girls-upper-atlantic/> (High School)

July 16-18: All Star Express www.womenslacrosse.com/allstar.shtml (High School & Middle School)

October 3: Turtlefest in Ocean City (High School & Middle School)

November 14: Lax Clash www.topofthebaysports.com (High School & Middle School)

November 21: New World Lacrosse Tournament (High School) http://www.evolution-games.org/FORMS/FORM10_NWL_2010.htm

Best of luck and GO ESLC!!

Harlan Eagle
Executive Director

SPSG Lacrosse Tournament

Athlete Registration Waiver Form

****Must be completed by each player in order to participate****

Last Name _____ First Name _____ Team Name _____
School _____ HS Grad Yr. _____ Club Coach/Phone _____
Birthdate _____ Phone ____ - ____ - ____ Division _____
Home Phone ____ - ____ - ____ Email Player _____
Home Address _____ City _____ State ____ Zip _____
Email Parent _____
Emergency Contact Name _____ Phone ____ - ____ - ____

Waiver of Liability

In signing this application, I release St. Paul's Schools and other involved parties from any claims or responsibility for injuries suffered in the SPSG Lacrosse Tournament. I knowingly assume all risks associated with participation, even if arising from the negligence of the participants or others, and assume FULL responsibility for my participation. I certify that I am in good physical condition and can participate in the SPSG Lacrosse Tournament. Further, I authorize the site director to request medical treatment as necessary to insure my well-being.

Athlete _____ Date _____

Parent/Guardian _____ Date _____

Health Insurance Provider _____ Policy _____

US Lacrosse Membership # _____