#### Come and Enjoy...

- Central location; leagues cater to a variety of skill levels
- Play indoors on Victory Turf; cleaner than In-Fill Turf; no black rubber pellets getting in your shoes
- Meticulously kept player stats and league records; updated nightly on our website



### **Where Your**

## **Competition**

Plays!



# Women's Lacrosse Registration Form

### **Epic Sports Center Indoor Youth League®**



Scan for video!



Epic Sports Center 2793 Wehrle Drive Williamsville, NY 14221

Phone: 716-565-3742 Fax: 716-565-3663

epicctr@epic-center.com www.epic-center.com Our Lacrosse leagues are one of our fastest-growing indoor leagues. Leagues run November through April, on Saturday or Sunday evenings, in general at 5pm-10pm; "spill-over" games are on the occasional Monday. No player may play with spikes or outdoor field shoes; sneakers only. A \$200 deposit or payment in full must accompany this registration form; submission of this form does not imply final acceptance into the league. Ref fees are \$12 per game; all ref fees must be paid in cash to the refs pre-game. Any team forfeiting their game is billed for both teams' ref fees. Play is 7 vs. 7 on the field; two 22-minute halves plus warm-up time; there is an 18 person maximum allowed on your Roster.

The Roster is due by your third game; all players must be enrolled in grades 6-12; your coach/captain/ contact person must be over 21 and present at all games. Mouth guards are mandatory; goalies must wear full equipment; protective eyewear is recommended. All players must purchase a Player Pass ID Card (\$10) prior to their first game. Any player ejected from a game will receive a \$50 fine and an additional game suspension. Please see (1) The Captain's Letter and (2) the Indoor Sports Registration/Roster form for additional league/facility policies.

<u>SESSIONS</u>	League <u>Starts</u>	League <u>Ends</u>	Number of Games	Team <u>Fee</u>	Registration <u>Deadline</u>	rull <u>Payment Due</u>
Session II: Session III:			8 8	\$730 \$730	10/21/14 12/23/15	First Game First Game
Please check your session and division:   Session II Session III Varsity Junior Varsity						
Team Name:						
Captain's Na	ame:					
Address:		Cit			Zipcode:	
Day Phone:		Evening Phone:			Email:	
Comments/Requests/Special Needs:						