



**SATURDAY, OCTOBER 20**  
**ARENA SPORTS FACTORY / BEL AIR, MD**

Join us for our First Annual 4-on-4 Charity Lacrosse Tournament!

- 4v4 Fast Break Style Lacrosse
- Register as an Individual or as a Team
- Each team is guaranteed 2 games

Middle School Mens | 12:00 - 3:30 PM  
High School Girls | 3:30 - 6:45 PM  
High School Mens | 6:45 - 10:00 PM

Registration Fee: \$10/player

*All of the proceeds will be donated to the Kaufman Cancer Center.*

Visit [www.thearenaclub.com/sports/middle-high-school](http://www.thearenaclub.com/sports/middle-high-school)  
for tournament details and to download registration forms!



410-734-7300  
[www.thearenaclub.com](http://www.thearenaclub.com)



2018 4v4 Charity Lacrosse  
Tournmanet

Division:  
Men's High School   
Girls High School   
Men's Middle School

Registering As:  
Individual   
Team

Team Assigned:  
(OFFICE USE ONLY)

Individual Payment Form - due to the Arena Club Front Desk no later than October 15

| Player Last Name | Player First Name | Email | Cell Phone | DOB | Home Address |
|------------------|-------------------|-------|------------|-----|--------------|
|                  |                   |       |            |     |              |

Payment Information

Cost Breakdown:       \$10       x       1       =       \$10        
Player Fee # Players Fee Due

Payment Form: Check       Check #: \_\_\_\_\_ Checks Made Payable to: The Arena Club  
Cash   
Credit Card

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Card #      Exp. Date      CVV  
\_\_\_\_\_  
Name on Card  
\_\_\_\_\_  
Signature

**Registering an entire team?**  
Do not submit this form - contact  
Nicole Wehrle for a Team  
Registration  
nwehrle@thearenaclub.com

**WAIVER:** Recognizing the possibility of physical injury and in consideration for The Arena Club / Harford Health & Fitness accepting registrant for it's programs and activities, I hereby release, discharge and/or otherwise The Arena Club / Harford Health & Fitness, their league administrators, employees, instructors, agents, principals, sponsors, the building owners and all associated personnel against any claim by or on behalf of the participant named above. My Child has received a physical examination by a physician and has been found physically capable of participating in the program. Therefore, I give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, etc., under the direction of The Arena Club / Harford Health & Fitness and/or my child's representative until such time as I may be contacted. I also hereby assume responsibility for payment of any such treatment. If I am not on the premises, and an injury should occur that requires immediate medical attention, I give my permission to have my child transported by ambulance to the nearest hospital for medical care.

| Parent First Name | Parent Last name | Signature | Date |
|-------------------|------------------|-----------|------|
|                   |                  |           |      |