

FASTER, STRONGER, BETTER



BIGLAX 2010-2011 REGISTRATION FORM

Ante Up Lacrosse was developed for lacrosse players by lacrosse players. We understand their needs, and the demand for competition. We make our athletes stronger, faster, and better with agility training, clinics, special guest coaches, and personal instruction. At Ante Up, we believe that you're never good enough. It's our mission to make good players exceptional and exceptional players unstoppable. We give our athletes the tools to dominate the competition.

Location: The Yard Nov 14-Dec 19
The Odeum Jan 2-Feb 27

*Bixlax is one program but will switch locations after Dec 19 due to field availability. In the event the Yard becomes available for Jan 2- Feb 27, we will remain at that location

Address: Yard -233 West 63rd Ave, Westmont
Odeum- 1033 N. Villa Ave, Villa Park 60181

Dates: November 14, 21, 28 (2:45-4:45pm)
December 5, 12, 19 (2:45-4:45pm)
January 9, 16, 23, 30 (3:30-7:30pm)
February 6, 13, 20, 27 (3:30-7:30pm)

Cost: Varsity \$750
Frosh/Soph \$650

Contact: Tim Duffy 708-606-0177

League Features

- The **ONLY** Full field indoor 10 v 10 in Illinois Games
- Personal evaluation with coach
- Individual Instruction
- Special Position Clinics
- Filmed Games**
- Guest Coaches

NAME _____ AGE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE () _____
 E-MAIL ADDRESS _____
 POSITION: _____
 YEARS OF EXPERIENCE _____
 SCHOOL _____

Please make checks payable to **BIGLAX** and mail to:
Ante-Up Lacrosse
PO Box 1062
Chicago, IL 60690

Guest Coaches



Eric Genova
Team USA Assistant Coach
Bucknell University Assistant Coach
Cornell University Assistant Coach



Anthony Gillard
Navy Assistant Coach
Long island Lizards MLL



Nick Williams
Jacksonville University
Volunteer Assistant Coach



Ricky Pages
Long Island Lizards MLL
Minnesota Swarm NLL
MLL All Star
2 x All American

Coaches

- Tim Duffy** – 2010 World Lacrosse Games Gold Medalist, Team USA All-Stars Head Coach, The Ohio State University, Team UK, Chicago Machine 06, All American.
- Jake Padilla**- Hobart University
- Kyle Hair** – Cornell University
- Chris DeSimone**- The Ohio State University, Long Island Lacrosse and Wrestling All American.
- Adam Miller** – Chicago Machine, Denver University
- Kevin Quinn**- The Ohio State University



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 PO Box 1062
 Chicago, IL 60690

Athletic Waiver and Release of Liability

This document must be read, signed and received prior to camper's participation. Submit this completed waiver with your mailed-in application or when you check in at camp.

Camper's Name: _____

In consideration of being allowed to participate in any way in the Ante-Up Lacrosse athletic sports programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation: and,
3. I willingly agree to comply with the stated customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and will immediately bring such hazard(s) to the attention of the nearest official: and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, Ante-Up Lacrosse, Inc. their officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or less damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

 Participant's Signature

 Date

For Participants of Minority Age (Under 18 at the time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

 Parent / Guardian Signature

 Date

 Print Name

www.anteuplacrosse.com



Ante-Up Lacrosse
PO Box 1062
Chicago, IL 60690

Emergency Contact

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE () _____

CELL PHONE () _____