



## BIGLAX 2011-2012 FULL FIELD 10V10 & SPEED SCHOOL REGISTRATION FORM (13 WEEKS)

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:** Max Mccook  
**Address:** Max Mccook  
4750 South Vernon Ave  
Mccook, IL 60525

**Time:** 1-4pm  
**Dates:** November 6, 13, 20  
December 4, 11, 18  
January 8, 15, 22, 29  
February 5, 19, 26

**Cost:** Varsity \$700 (2-4pm)  
Frosh/Soph \$650 (1-2:45pm)

**Contact:** Tim Duffy 708-606-0177 tduffy@anteuplacrosse.com

### League Features

- The **ONLY** Full field indoor 10 v 10 in Illinois
- Agility, Strength, and Speed training** with Athletico each session
- 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



**Anthony Gilardi**  
Head Assistant Towson University



**Ricky Pages**  
Long Island Lizards MLL  
MLL All Star  
All American

**\*more to be announced**

### Coaches

- Tim Duffy** – 2010 World Lacrosse Games Gold Medalist, Team USA All-Stars Head Coach, The Ohio State University, Team UK, Chicago Machine, All American
- Bill Sanford** – Head Coach St. Viator High School
- Seth Molek**- 2010 World Lacrosse Games Gold Medalist, Team USA All-Stars
- Chris DeSimone**- The Ohio State University, Long Island Lacrosse and Wrestling All American.



**Ante-Up Lacrosse**  
PO Box 1062  
Chicago, IL 60690

## **Athletic Waiver and Release of Liability**

This document must be read, signed and received prior to athlete'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](http://www.anteuplacrosse.com)



**Ante-Up Lacrosse**  
PO Box 1062  
Chicago, IL 60690

## **Emergency Contact**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** (     ) \_\_\_\_\_

**CELL PHONE** (     ) \_\_\_\_\_