



SOUTHERN YORK SUMMER LEAGUE

SYSL * Boy's Lacrosse *** 2009**

All games will be played at Shrewsbury Elementary School

NEW FORMAT:

Last summer due to registration numbers we changed our format. Instead of 4 set teams all summer we offered an instructional time and drill period and then we made two teams with the players who were present. Due to an overwhelming positive response we will continue with last summer's new format.

Here's what it will look like:

5:30 – 6:20 pm - instructional time and drills. Individual skills as well as team concepts will be presented.

6:30 – 7:45 pm - make teams and play a game. Two 30 minute running half's, apply what you just learned and receive immediate feedback!

GENERAL INFORMATION:

- * All games will be officiated by a certified PIAA official.
- * In SYSL, we match ability levels and stress fundamentals, stick work and concepts, not slashing / hitting!
- * All participants must be US Lacrosse members for insurance purposes.
- * No equipment will be supplied. Mouth pieces and elbow pads are required for games.
- * The number of participants will be limited to ensure participation for everyone.
- * All players will receive a reversible SYSL jersey.

WHO:

SYSL is intended for players who just competed at the U-13, U-15, or JV level. However, we are open to 12 year olds who you feel can play up or varsity players who are looking to learn. Understand that we stress fundamentals and concepts, for example poke and lift checks instead of slashes. We match ability levels in drills and during game play.

WHEN:

- * SYSL will begin on June 1st and conclude on July 1st.
- * It will be every Monday and Wednesday evenings, for a total of 10 evenings.
- * All games will be played at Shrewsbury Elementary School, the field by the play ground.

Rain dates:

Every effort will be made to make up any games which are cancelled due to inclement weather. There is no guarantee that all games will be made up. During inclement weather it is your responsibility to call the SYSL hotline: 717-654-4569. An email will also be sent out when appropriate.

REGISTRATION:

- * Complete the application (2nd page / on the back), mail it in or email it in.
- * Donation of \$85 made payable to SYSL.
- * The league will be filled in the order that registrations and payments are accepted.

Sincerely,

Russ LeBlanc
Director of SYSL
2008 Central PA Coach of the Year
2002 Baltimore Co. Coach of the Year
Head varsity coach of Susquehannock Lacrosse
York Co. Champions 2005, 2007, 2008
Central PA Club Champions: 2006, 2007, 2008

**REGISTRATION AND MEDICAL FORM
SOUTHERN YORK SOUTHERN LEAGUE**

PRINT CLEARLY:

Name: _____ Age: _____
Address: _____ Spring Team: _____
City: _____ Zip: _____ Phone #: _____
Grade just completed: _____ Position (circle one or # preferences) G ___ D ___ M ___ A ___
PRINT Email address: _____, _____
Any thing you want us to know: _____

SOUTHERN YORK SUMMER LEAGUE EMERGENCY AGREEMENT

Parents are asked to complete the emergency information form. In case of an emergency, an attempt will be made to contact who ever is listed below. If the injury is serious and parents cannot be reached, EMS will be notified. Lacrosse is a contact sport and injury is possible.

Best phone numbers to reach Father: _____ Mother: _____

If parents cannot be notified, please contact:

Notify: _____ Phone: _____ or _____ Relation: _____

Family Doctor: _____ Doctor's phone number: _____

List any medications presently being taken: _____

List any known allergies: _____

List any relevant sports injuries: _____

US Lacrosse Membership #: _____ Expiration Date: _____

I give my consent for volunteers and employees of SYSL to use their own judgment in securing medical and ambulance service in the case of an emergency if the parents cannot be notified. In the case of an emergency, I hereby give my permission for a program representative to call 911 and have my son/ward transported to a hospital. I agree not to hold the Southern York Summer League, volunteers, or employees responsible for any injury received while playing in this league. I further agree that my son/ward has been examined by a doctor and is fit to play lacrosse. I understand that my son/ward is not covered by team insurance and must provide the equipment necessary to prevent serious injury.

SIGNED _____ **DATE:** _____
Parent / Guardian

Schedule:

Monday and Wednesday evenings
June 1st – July 1st. 10 evenings
5:30 pm – 6:20 pm Instruction and Drill time
6:30 pm – 7:45 pm Game play

Registration:

*The league will be filled in the order as the registrations are turned in. Numbers will be limited to ensure adequate playing time for every one.

*You can email your registration to me; however, you will not be officially registered until your check arrives. Email address is: leblanclax@gmail.com

Donation: \$85 Payable to: SYSL -- no refund policy –

Mail to: SYSL
113 N. Constitution Ave.
New Freedom, PA 17349