

CARLISLE FAMILY YMCA
2010 MIDDLE SCHOOL GIRLS LACROSSE

Register now at the YMCA Front Desk or On-Line
Registration runs February 1st through March 5th as space allows

WHO CAN PLAY

Any girl currently in grades 6th-8th and who can regularly attend practice and games is welcome to register to play. Financial assistance is available for any child or family which needs it in order to participate. Teams will be formed on a first come, first serve basis. If we have enrollment to roster two or more teams, everyone who is registered will be placed on a team, but we will schedule a skills evaluation to create either an A team and a B team or two equally skilled teams. If evaluations are necessary, you will be notified, by phone, on a date and time.

EQUIPMENT

All players will be required to provide their own stick and mouth guard. Sticks can be purchased at Dick's Sporting Goods, Angelo's Soccer Corner, etc. Eye protection is required, and the cost of goggles is included with the registration fee. We will make a team purchase of goggles prior to the first game. Any returning player from the Spring 2009 season can use their goggles from last season.

PRACTICE AND GAMES

Practice will begin in mid-March, and will be held on Tuesday and Thursday evenings from 5:30-7:00pm. All practices will take place at the Carlisle Barracks field located at the Army Heritage Building. Games will be played in April in May, with all games being played on Saturdays. The team will once again participate in the Lancaster Area Girls Lacrosse League, and game locations will vary throughout the season. We will also be entering one or two tournaments. Parents will need to provide transportation to all practices and games.

PLAYING TIME/PHILOSOPHY

As with all recreational sports for the Carlisle Family YMCA, 50% playing time in games will be awarded to all players. **FUN and learning the sport of lacrosse is the primary goal for all players and coaches.**

Thank you for registering for Girls Lacrosse! We are proud and excited to be in our 7th season. If you have any questions please feel free to call Alan at 243-2525, ext. 225, or e-mail at atritt@carlislefamilyymca.org.

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2010 MS GIRLS LACROSSE
Registration: Now through March 5th (as space allows)

Fees: Member = \$55 (+ \$35 for goggles) = \$90 Non-Member = \$75 (+ \$35 for goggles) = \$110

***Goggles are required to participate. Returning players with goggles do not need to purchase a new pair.*

First Name	Last Name
Address	City, PA Zip
Birth Date	Grade Age
Parent #1	Address (if different from above)
Home Phone	Work/Cell Phone E-mail
Parent #2	Home Phone Work/Cell Phone

If you need financial assistance in order to participate in the program, please let us know. Full or partial financial aid is available to any child or family who needs it.

Complete if paying via Credit card or using a current billing method on file

Use billing method on file Credit Card: Visa MasterCard Discover American Express

Name on Card: _____ Credit Card #: _____
 Expiration Date: _____

I authorize the Carlisle Family YMCA to automatically deduct fees due for the above mentioned program per the schedule requested. I understand that it will be my responsibility to notify the YMCA in writing if I wish to change or cancel these automatic payments.

Signature: _____ Print Name: _____ Date: _____

RELEASE STATEMENT AND MEDICAL AUTHORIZATION

I, the parent or guardian of the above named player, a minor, agrees that I and the player will abide by the rules of the YMCA, their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with lacrosse and in consideration for the YMCA accepting the player for its lacrosse programs and activities, (the "programs"), I hereby release, discharge and/or otherwise indemnify the YMCA, their affiliated organizations and sponsors, their employees, volunteers and associated personnel including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the players as a result of the player's participation in the programs, and/or being transported to the game, which transportation I hereby authorize, additional, I give permission for and all medical attention needed by the player in the event of an accident, injury, sickness, etc. while participating in the program and that the same be given under the direction of the player's coach until such time as I may be contacted. I also hereby assume the responsibility of paying for such treatment.

 Parent/Guardian Signature Date

Emergency Contact (if parent/guardian is not available):

 Name & Relationship Phone

Any Medical Conditions: _____