



Byron Township Recreation Youth Lacrosse 3rd-4th Grade - Spring 2018



Registration Location: Byron Township Community Center, 2120 76th Street

Office Hours: Mon.-Thurs., 6am-9pm
Fri. 6am-7pm, Sat. 7am-4pm

Registration Fees: 3rd-4th grade- \$100 resident, \$110 non-resident

Deadline: March 3, 2018

Registration Begins: NOW!!!

How to Register: Drop off form and registration fee to Byron Township Community Center. Cash, checks, and credit card

GAMES, PRACTICES and EQUIPMENT

First Practice: March 19, 2018

Practice Time: 5:30-7:30pm (varies)

Practice Location: TBD

Practice Notes: Practices will be held 3-4 days a week for the first few weeks. After games start, practice will be 1-2 times a week.

Game Days: Varies. Expect weekday games and some weekend games/tournament.

Game Times: Varies. Weekday games generally are played at 5:30 or 6:00pm.

Game Locations: Various communities within the Lakeshore Lacrosse League.

Game Notes: Games begin in early April and are generally played on weekdays and Saturdays.

Equipment needed: Helmet, shoulder pads, elbow pads, gloves, lacrosse stick, cleats, protective cup. No specific color schemes are required for helmet/gloves.

Provided in registration: Entry fee to Lighthouse Cup Tournament, Player Jersey and shorts, approx. 15 regular season games.

*Byron Township Recreation Department * 2120 76th St * Byron Center, MI 49315
Phone: 878-1998 * Fax: 583-1220 * Website: www.byronrec.org Cancellation Hotline: 277-1157*

Player Name: _____ **Birthdate:** ____/____/____

Address: _____ **Grade/School District:** _____

City: _____ **Zip:** _____ **Phone:** _____

Municipality (Where you pay taxes): _____ **Email:** _____

Emergency Name : _____ **Cell/Alt. Ph:** _____

Years of Lacrosse Playing Experience: _____

Medical Information: _____
(List allergies, asthma, or chronic conditions, etc.) Information will be passed on to the coaches.

Mother's Name: _____ **Phone:** _____ **Father's Name:** _____ **Phone:** _____

Volunteers Needed: The Youth Lacrosse program will rely on volunteers for various functions to help keep the cost of registration down for the participants. Please indicate what areas you are willing to assist with. Game day volunteers should be parents/siblings, not players.

Name of Interested Volunteer: _____ **Phone:** _____
(Check any/all that apply)

- Willing to help with fundraising/sponsorship procurement.
- Willing to help with clock/scoreboard management during home games.
- Willing to help with various game day functions (setup, cleanup, etc)
- Other: _____

I/we hereby agree and contract to hold Byron Township and/or any agent, employee, or member of Byron Township harmless from any liability or responsibility for any and all accidents, injuries, and/or damages resulting from my/our child's participation in the athletic endeavors and/or activities of Byron Township and hereby expressly agree on my/our behalf and that of my/our child to accept the inherent responsibilities of supervision and the existent risk of participation in said programs.

Parent/Guardian Signature: _____ **Date:** _____

Credit Card #: _____ **MasterCard / Visa Security Code:** _____ **Expiration Date:** _____
Name on card: _____ **Address:** _____ **Zip:** _____
For Office Use Only: Date Paid: ____ Cash: ____ Check: ____ Credit Card: ____ Receipt: ____ Amount: ____