



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA GIRLS LACROSSE



2015 Spring Lacrosse for Grades K-5 PIEDMONT FAMILY YMCA

YMCA Girls Lacrosse is a league-play program appropriate for beginner to experienced level players. The Y strives to help players develop skills in a safe, fun environment, placing a higher value on sportsmanship and learning, rather than solely on winning. Through positive and effective coaching, we aim to provide every child the opportunity to discover, learn, participate and develop a passion and love for the game of LAX!

During this 10-week season, players will practice once per week, with a 6-week game schedule. Teams formed by age and school.

- WHEN:** Weekday practices start the week of February 23;
Saturday games start the week of March 14 and run thru May 2 (no games April 4). Built in rain date/tournament.
- LOCATION:** Players matched geographically by the school they attend.
GAME LOCATION TBA.
- COST:** \$125 (Financial Assistance Available) by Feb. 20 *\$20 late fee if after deadline*
- EQUIPMENT:** Lacrosse Stick, Goggles, Mouth Piece required.
*Goalie equipment provided by YMCA



YMCA LACROSSE REGISTRATION FORM

DEADLINE: FEBRUARY 20

\$20 LATE FEE IF AFTER DEADLINE

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REGISTRATION PROCEDURES:

- Mail your completed registration form, including payment, to 1075 Claudius Crozet Park, Crozet VA 22932
- Drop off your completed registration form, including payment at Crozet PARC YMCA or offices at Jefferson School
- Fax your completed registration form, including payment information, to 434-205-4385
- Register online at piedmontymca.org/registration. Please note that online registration requires you to first establish an account

Participant's Name _____ DOB _____ Age _____ Gender _____ School _____

Address _____ City _____ Zip _____ Phone _____

Parent/Guardian's Name _____ Cell _____ Primary Email _____

Parent/Guardian's Name _____ Cell _____ Secondary Email _____

Jersey Size: ☐ YXS (4-5) ☐ YS (5-6) ☐ YM (7-8) ☐ YL (10-12) ☐ YXL (14-16)

Coach Request _____ Player Request _____

Sponsor _____ *\$200, includes name on backs of t-shirts and link on website.

PAYMENT INFORMATION: \$125 BY FEBRUARY 20; \$145 IF AFTER FEBRUARY 21

Payment (CIRCLE ONE) CASH CHECK CREDIT CARD Visa MasterCard Discover

Card # _____ Exp. Date _____ / _____ CID _____

Card Holder's Name _____ Card Holder's Signature _____ Date _____ / _____ / _____

AGREEMENT *MUST SIGN*

I hereby certify that my child is in good health and capable of safe participation in this YMCA program. I understand that the YMCA assumes no responsibility for any possible injuries or illness sustained as a result of my child's participation in any athletic program, sport or activity and that I assume all risks thereof. I assume all risk(s) and hazards incidental to this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that the above parent contact(s) cannot be reached. I hereby release and discharge the YMCA, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. I understand that the YMCA is not responsible for personal property lost or stolen while members and/or program participants are using the YMCA facilities and/or are on YMCA premises. I give the YMCA permission to print, publish and display pictures of my child, without limitation, in order to promote YMCA/PARC programs. I understand that the YMCA may, in its sole discretion, cancel scheduled practices, classes and/or games as it deems appropriate based on, but not limited to, inclement weather conditions, facility availability and/or conditions. No refunds or pro-rated refunds will be issued except at the sole discretion of the YMCA. Refunds will only be issued for programs that are cancelled due to an insufficient number of participants.

By signing below, I agree to all of the terms and conditions as set forth in this Waiver.

Parent/Guardian Signature

Date

Office Use

Date Received _____ / _____ / _____ Date Processed _____ / _____ / _____ Receipt # _____ Staff Initials _____