

Girls Youth Lacrosse 2011 Spring Registration

Player Name _____ D.O.B _____

Grade _____ Parent Contact # _____

Parent name _____

Parent name _____

Second contact # _____

E-Mail _____

Address _____

Insurance Carrier _____

Policy # _____

\$25 per player Kindergarten

\$50 per player 1st /2nd

\$90 per player 3rd-6th, \$150 per family

Total _____

I acknowledge that Lacrosse can be a dangerous activity and agree not to hold Canandaigua Girls Lacrosse liable for any injury sustained. I also understand that I am to supply medical Insurance and that Canandaigua Girls Lacrosse does not supply coverage.

Parent signature _____

Checks can be made out to *CASB/Girls Lacrosse*

*Please mail to,
Lauren York
6231 Goodale Rd.
Canandaigua, NY 14424*