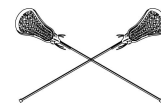


INTERBORO YOUTH GIRLS LACROSSE CLUB



2019 SEASON

Email: BucsYouthGirlsLacrosse@gmail.com
Director: Noelle Francione (484-848-8276, francione2010@yahoo.com)

This club is offered to girls in kindergarten through 8th grades. The purpose of this club is to introduce the great sport of girls lacrosse to the younger player, emphasizing on teamwork, sportsmanship, and skills.

Important Information:

- ★ Games and practices will be held on Saturdays and Sundays. Our home field is at Interboro High School.
- ★ Registration Fee includes a personalized reversible jersey that player will keep and wear from year to year. There is a \$5 discount for each additional player from the same family. FEE OPTIONS ➡
Kindergarten - 2nd Grade: \$75 (or \$60 if no new jersey needed)
3rd Grade - 8th Grade: \$90 (or \$75 if no new jersey needed)
- ★ If finances are a problem, please contact director and arrangements can be made.
- ★ Equipment needed - girls lacrosse stick, goggles, mouth guard, cleats

Make check payable to "INTERBORO YOUTH GIRLS LACROSSE" and mail to
100 URBAN AVENUE, NORWOOD, PA 19074 by January 31, 2019

2019 INTERBORO YOUTH GIRLS LACROSSE CLUB Registration Form

NAME _____ GRADE _____ SCHOOL _____

ADDRESS _____

PHONE _____ EMAIL _____

JERSEY SIZE (circle one): YOUTH- S/M L/XL ADULT- XS S/M L/XL PREFERRED# _____

INTERESTED IN VOLUNTEERING? (circle one) COACH ASSISTANT COACH TEAM PARENT

I HEREBY GIVE MY CHILD _____ PERMISSION TO PARTICIPATE IN THE INTERBORO YOUTH GIRLS LACROSSE CLUB 2019 SEASON. I HOLD HARMLESS THE INTERBORO SCHOOL DISTRICT, YOUTH CLUB DIRECTOR, AND ALL VOLUNTEER COACHES FROM INJURIES THAT MAY BE SUSTAINED DURING THE SEASON AND I NOW GIVE PROOF OF MEDICAL INSURANCE.

INSURANCE NAME _____ GROUP# _____

I NOW GIVE PERMISSION TO HAVE MY CHILD TREATED BY MEDICAL PERSONNEL IF NEEDED.

ALLERGIES & MEDICATIONS _____

PARENT SIGNATURE _____

EMERGENCY CONTACT _____ EMERGENCY PHONE _____