

**REGISTRATION
DEADLINE:
MARCH 6, 2022**

Shelburne Parks and Recreation
YOUTH LACROSSE REGISTRATION FORM

**\$10 Late Fee added
after the Registration
Deadline of March 6.**

PARTICIPANT INFORMATION

FIRST NAME		LAST NAME	
DATE OF BIRTH		GRADE	
GENDER		HOME PHONE	
EMAIL ADDRESS (FOR SCHEDULE UPDATES, ETC.)			
SPECIAL NEEDS / MEDICAL CONDITIONS			

PARENT/ GUARDIAN INFORMATION

1) FIRST NAME		LAST NAME	
HOME PHONE		CELL PHONE	
WORK PHONE		ADDRESS	
2) FIRST NAME		LAST NAME	
HOME PHONE		CELL PHONE	
WORK PHONE		ADDRESS	

VOLUNTEER COACHES NEEDED!

Please list name of parent willing to help:

PLEASE CHECK PROGRAM YOU ARE SIGNING UP FOR: (Make checks payable to: Shelburne Recreation)

KINDERGARTEN	\$45.00 - includes a stick! Registration deadline is March 31, 2022
CO-ED 1 - 2 nd GRADE	\$45.00 - includes a stick! Registration Deadline is March 31, 2022 (or pay \$25.00 if you have a mini-stick from previous year)
GIRLS 3 RD / 4 TH GRADE	\$55.00 & requires US Lacrosse Membership*** Register by March 6 to avoid late fee. Registration will close on March 14!
BOYS 3 RD / 4 TH GRADE	
GIRLS 5 TH / 6 TH GRADE	
BOYS 5 TH / 6 TH GRADE	
GIRLS 7 TH / 8 TH GRADE	
BOYS 7 TH / 8 TH GRADE	

***** The Northern Vermont Boys and Girls Youth Lacrosse League** requires that all players be registered U.S. Lacrosse Members. All participants in grades 3RD-8TH will be required to register themselves with U.S. Lacrosse online or by mail and provide Shelburne Recreation with your **U.S. Lacrosse Membership number no later than March 14.** Register at www.uslacrosse.org. There is a \$30.00 annual fee. This Membership is required to play in games!

*** Membership #: _____ Exp. _____ (REQUIRED) Must be valid through June 2022!

Scholarships are available through the John Scotnicki Scholarship Fund.

- Please inquire at the Recreation office or in the SCS Guidance office if you would like to apply for a scholarship for registration fees and/ or equipment needs.
- Donations accepted to the Scholarship Fund. Please check below if you'd like to add a donation to your registration fee. \$5.00 OR \$ (fill in your donation amount)

I understand that injuries are a possibility as a result of this activity. I agree to hold the Town of Shelburne, Shelburne Parks & Recreation Department or anyone associated with this program harmless for any responsibility or liability from any injuries or property damage which may arise from my/my child's participation in this program. I also understand that my own medical and /or disability insurance will be used in the event of an injury or that I will be directly responsible for any medical costs. I am aware that the Parks & Recreation Department may take photographs of participants at programs, activities or special events. I am aware that the pictures may appear in future promotional materials, including brochures.

Signature of parent / guardian

Date

For office use only:

Program Fee Paid: _____ Sch. Fee paid _____ Balance Due: _____ Check #: _____ Payment Date: _____

Return to: Shelburne Parks and Recreation, PO Box 88, Shelburne, VT 05482