

**CHARLOTTESVILLE LACROSSE LEAGUE, INC.**

P. O. Box 6374 • Charlottesville, Virginia 22906

*Please read all rules and regulations carefully*  
Return by Tuesday, June 17 • Play begins Sunday, June 22

**APPLICATION — 2008**

PLEASE PRINT

Player's Name \_\_\_\_\_

Parent's Name (for players 16-18) \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Birthdate & Age: \_\_\_\_\_ (cell) \_\_\_\_\_

Playing experience: (Circle one or more) HS Varsity College Club    Position (circle one) M, A, D, G

Present school and level of play \_\_\_\_\_

Past experience (include school and year graduated) \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Insurer - Policy Number: \_\_\_\_\_

Medical Information: *(allergies, asthma, injuries or condition requiring immediate or special medical attention)*

\_\_\_\_\_

Emergency Notification:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

***Waiver: Anyone under 18 years of age before June 1, 2008 must have parental consent to participate.***

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Father

**Fee schedule: Payment must be made to C.S.L.L. before participation will be permitted.**

o All Players: \$75: Players 16-18: Must be members of U.S. Lacrosse

USLacrosse Membership Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Game Site: Darden Towe Park - Route 20 North, 1 mile off Route 250

Team Rosters: Team Rosters will be posted on [www.cville-lax.com](http://www.cville-lax.com)