

CHARLOTTESVILLE LACROSSE LEAGUE, INC.

P. O. Box 6374 • Charlottesville, Virginia 22906

Please read all rules and regulations carefully

Return by Tuesday, June 16 • Play begins Sunday, June 21

APPLICATION — 2009

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, 2009 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