

CHARLOTTESVILLE LACROSSE LEAGUE, INC.

P. O. Box 6374 • Charlottesville, Virginia 22906

Please read all rules and regulations carefully

Return by Thursday, June 16 • Play begins Sunday, June 19

APPLICATION — 2011

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, 2011 must have parental consent to participate.

Signature of Mother

Signature of Father

Fee schedule: Payment must be made to Charlottesville Summer Lacrosse before participation will be permitted.

Up to rising HS senior: \$50. All other 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. Rosters posted @ www.cville-lax.com