Cazenovia Youth Lacrosse Association - CYLA

2019 PLAYER REGISTRATION FORM

2018/2019 School Grade:	Today's Date:

PLAYER INFORMATION

Last Name:	First:	M.I.:	Male: ☐ Female: ☐	Birth date:
Street address:	City:	State:	ZIP Code:	
Home phone #:	Cazenovia School District Resident: ☐ Yes ☐ No	School:	Other:	

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1:	Home Phone:	Email address:	Cell Phone:
Parent/Guardian 2:	Home Phone:	Email address:	Cell Phone:
Emergency Contact Information:	Phone #:	Additional Email Addresses:	

REQUIRED FORMS CHECKLIST

It is the goal of the CYLA to field more than one team at each conference level. In the event that there are not enough registrants to field two teams, the positions will be filled on a first come first serve basis (26 players/team). Please return **ALL** registration forms and fees **ASAP**!

Forms Completed: CYLA Registration: ☐ U.L.A. Waiver/ Medical Authorization: ☐ **(3rd – 8th grade ONLY)**

Registration Fee: Recreation League (K – 2nd): **$40.00***

ULA Instructional League (3rd – 8th): **$90.00***

Mail-in registrations should be sent to the following address: **Make checks payable to: "CYLA".**

CYLA c/o: Rob Axelson 1870 Ballina Rd, Cazenovia, NY 13035

Parent or Legal Guardian Signature:_____ **Date:** _____

*Financial assistance is available for those in need. If you are unable to purchase the necessary equipment please contact the CYLA at: CYLA@twcny.rr.com.

CYLA OFFICIAL USE ONLY

Date Received:	$_____ Check #:_____ Cash	Initials: _____
Forms Received: Registration: ☐	U.L.A. Waiver/ Medical Authorization: ☐	