

**Cazenovia Youth Lacrosse Association - CYLA  
2021 PLAYER REGISTRATION FORM**

|                                |                      |
|--------------------------------|----------------------|
| <b>2020/2021 School Grade:</b> | <b>Today's Date:</b> |
|--------------------------------|----------------------|

**PLAYER INFORMATION**

|                 |   |       |                                  |             |
|-----------------|---|-------|----------------------------------|-------------|
| Last Name:      | First:  | M.I.: | Male: <input type="checkbox"/>   | Birth date: |
|                 |   |       | Female: <input type="checkbox"/> |             |
| Street address: |   | City: | State:                           | ZIP Code:   |
| Home phone #:   | Cazenovia School District Resident:<br><input type="checkbox"/> Yes <input type="checkbox"/> 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:                       (3<sup>rd</sup> – 8<sup>th</sup> grade **ONLY**)

**Registration Fee:** Recreation League (K – 2<sup>nd</sup>): **\$40.00\***

ULA Instructional League (3<sup>rd</sup> – 8<sup>th</sup>): **\$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](mailto:CYLA@twcny.rr.com).

**CYLA OFFICIAL USE ONLY**

|   |          |                |      |                 |
|---|----------|----------------|------|-----------------|
| Date Received:  | \$ _____ | Check #: _____ | Cash | Initials: _____ |
| Forms Received: Registration: <input type="checkbox"/> U.L.A. Waiver/ Medical Authorization: <input type="checkbox"/> |          |                |      |                 |