



Player Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Years HYLA experience (0-3) \_\_\_\_\_ Other lacrosse experience, list \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: **M** **F** School Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_ Want To Play Goalie?  Yes  No  Maybe

Medical conditions & medications. Specify or write "none" \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Father's Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Mother's Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **WILL YOU HELP?**

**HYLA depends on volunteers to keep youth lacrosse strong in Hilliard, please consider:**

**Coaching:** No experience required. HYLA provides individualized instruction from experienced lacrosse coaches, clinics, extensive printed materials and other opportunities to learn.

**Sponsorship:** If your company, employer or other organization sponsors a team, HYLA will recognize the contribution with special promotion on game days, recognition on HYLA's website and in other ways. Each sponsor receives a commemorative plaque. Donation amount is \$175.

### **YES: I CAN HELP WITH [CHECK APPLICABLE AREAS]**

HEAD COACH OF A TEAM <input type="checkbox"/>	ASSISTANT COACH <input type="checkbox"/>	FUNDRAISING-PUBLICITY <input type="checkbox"/>
CONCESSION STAND GAMEDAYS <input type="checkbox"/>	SCORING/TIMEKEEPING GAMEDAYS <input type="checkbox"/>	PRE-SEASON SETUP OF FIELDS <input type="checkbox"/>
SPONSORSHIP <input type="checkbox"/>	FUNDAY PICNIC HELP <input type="checkbox"/>	OTHER-WRITE ON REVERSE AND CHECK HERE <input type="checkbox"/>

### **FEES (REFUNDS AT HYLA'S SOLE DISCRETION)**

**League Team** - Younger Girls & Older Girls, \$100..Younger Boys & Older Boys, \$105 . . \$ \_\_\_\_\_

**Lacrosse Jersey** — [all league players] \$30.00

**Size** — [check and circle]  Youth  Adult S M L XL .....

**LAXKIDZ** \$25.00 INDICATE T SHIRT SIZE ABOVE.....

**LAXSTARZ** \$30.00 INDICATE T SHIRT SIZE ABOVE.....

**TOTAL** ..... \$ \_\_\_\_\_

Online  Check # \_\_\_\_\_ (**Payable to HYLA**) Cash \_\_\_\_\_

Want a certain coach or the same team as a friend? HYLA will try, one request only: \_\_\_\_\_

Parent/Guardian's printed name: \_\_\_\_\_  Father  Mother

H # \_\_\_\_\_ S P # \_\_\_\_\_ G # \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_