

YOUTH LACROSSE

2018 Youth Lacrosse Season: March 26th - June 10th Registration is OPEN!

Fee: Early Bird: \$75 (Until March 2) / \$85 (After March 2)

U11 Boys Team: Grades 3 & 4: Practices twice a week, Times TBD

Games held on Saturdays beginning in May, travel is necessary, week day games will also be scheduled

U11 Girls Team: Grades 3 & 4: Practices twice a week, Times TBD

Games held on Sundays beginning in May, travel is necessary, week day games will also be scheduled

U13 Boys Team: Grades 5 & 6: Practices twice a week, Times TBD

Games held on Saturdays beginning in May, travel is necessary, week day games will also be scheduled

U13 Girls Team: Grades 5 & 6: Practices twice a week, Times TBD

Games held on Sundays beginning in May, travel is necessary, week day games will also be scheduled

U15 Boys Team: Grades 7 & 8: Practices twice a week, Times TBD

Games held on Saturdays beginning in May, travel is necessary, week day games will also be scheduled

U15 Girls Team: Grades 7 & 8: Practices twice a week, Times TBD

Games held on Sundays beginning in May, travel is necessary, week day games will also be scheduled

**Players are required to provide their own equipment which includes a stick and protective gear (Boys protective gear: gloves, arm pads, shoulder pads, and helmet)
(Girls protective gear: goggles and mouth guard)**

US LACROSSE MEMBERSHIP REQUIRED

Parents of players on U11 - U15 must register for a US Lacrosse membership before your child can play. Please log onto www.uslacrosse.org and click on 'membership' in the top left hand corner to register your child. You must then show us proof of membership by submitting your child's membership number with your registration form to the Parks & Recreation Department.

U11, U13 & U15 GIRLS LACROSSE

Through a US Lacrosse Grant we provide some loaner sticks. Equipment is first-come, first-served.

COACHING VOLUNTEERS NEEDED

The lacrosse program continues to grow and the need for volunteers grows along with it. If you are interested in coaching, email Isaac Spivey at ispivey@colchestervt.gov

START SMART LACROSSE #500000A1 Grades K - 1

Start Smart Lacrosse is a developmentally appropriate introductory lacrosse program for children Grades K-1. Start Smart Lacrosse prepares children and their parents for organized lacrosse without the threat of competition or the fear of getting hurt. Age appropriate equipment from STX® is used in teaching shooting, passing, catching, cradling, stick handling and running and agility. Kids will receive a manual, stick, ball & 4 cones to keep. Minimum: 8, Maximum: 15.

Instructor: Colchester Parks & Recreation Staff
Location: Bayside Park, Lacrosse Field

5/5 - 6/16 SAT 9:30-10:15 a.m. \$65(R)/\$70(NR)
(Skip: 5/26)

LACROSSE LAUNCH #500000A Grade 2

Want to experience the game of lacrosse in a brand new way? Kids will work alongside our coaches while learning the fundamentals of lacrosse. Players will be taught many elements of the game including how to grip a lacrosse stick and how to pass and shoot a lacrosse ball. Soft lacrosse balls will be used. This program is being revamped this season to promote more small games - 3 vs 3 and playing in mini games to enhance skill development and teamwork. Hockey equipment is acceptable. Loaner sticks are available with advance notice. All players receive a Colchester Lacrosse Tee! US Lacrosse Membership not needed for Lacrosse Launch participants. Helmets and gloves(boys), Lacrosse goggles (girls) ARE REQUIRED. Shoulder pads, elbow pads and cleats are optional at this level. Minimum: 10, Maximum: 30.

Instructor: Colchester Lacrosse Coaches
Location: Bayside Park, Lacrosse Field

5/5 - 6/16 SAT 8:30-9:30 a.m. \$45(R)/\$50(NR)
(Skip: 5/26)

LAX REGISTRATION

Registration Deadline: March 2, 2018 to receive the early bird fee

YOUTH LACROSSE

Participant Information: (one form per player)

Player Name: _____ Date of Birth: ____/____/____ Age: ____ Grade: ____ Gender: M F
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Guardian Name: _____ Home #: _____ Cell #: _____
 E-Mail Address: _____ Work Phone: _____
 Secondary Guardian Name: _____ Home #: _____ Cell #: _____
 E-Mail Address: _____ Work Phone: _____
 Emergency Contact #1 (other than guardians): _____ Relationship: _____ Cell: _____
 Emergency Contact #2 (other than guardians): _____ Relationship: _____ Cell: _____
 Allergies: _____ Medications: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT

I hereby release and discharge Colchester Parks & Recreation, its agents, employees, staff members, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation as a player or spectator in lacrosse games and practices through Colchester Parks & Recreation.

Signature of Parent or Legal Guardian: _____ Date: _____

PERMISSION TO TRANSPORT

I give Colchester Parks & Recreation & the Colchester Youth Lacrosse programs permission to have my child transported to Fletcher Allen Health Care for emergency medical care. I give permission to transport my child by ambulance with an Colchester Parks & Recreation staff member or volunteer coach to the hospital.

Signature of Parent or Legal Guardian: _____ Date: _____

Please check if interested in coaching: _____ **HEAD** _____ **ASSISTANT** _____ *Name of Volunteer*

Player Fees: \$ 75 till March 2, \$85 after (circle appropriate division)

BOYS

U11 BOYS: Grades 3 & 4: 500000B

U13 BOYS: Grades 5 & 6: 500000C

U15 BOYS: Grades 7 & 8: 500000D

GIRLS

U11 GIRLS: Grades 3 & 4: 500000B1

U13 GIRLS: Grades 5 & 6: 500000C1

U15 GIRLS: Grades 7 & 8: 500000E

All players must provide US Lacrosse Membership Number **2018 US LACROSSE #:** _____

Payment Information:

Check #: _____ Cash: _____

Cash or Check Amount: _____

Check Policy: \$25.00 service fee for all returned checks

All checks should be made out & mailed to :

Colchester Parks & Recreation,
781 Blakely Rd, Colchester, VT 05446.

For more information call Parks & Rec: 802-264-5646.

Please Circle Card Type: Visa MC

Name on Card: _____

Credit Card #: _____

Expiration Date: _____ Amount to charge: _____

Signature of Cardholder:
