



Byron Township Recreation

Boy's Youth Lacrosse - Grades 5th-8th Spring 2025



Registration Location: Byron Township Community Center, 2120 76th Street

Office Hours: Mon-Fri. 7am-7pm
Sat. 8am-12pm

Registration Fees: 5th-8th grade- \$180 resident, \$190 non-resident

Deadline: **March 1st**

Registration Begins: NOW!!!

How to Register: Drop off form and registration fee to Byron Township Community Center or email crystal@byrontownship.org
Cash, checks, and credit card accepted.

GAMES, PRACTICES and EQUIPMENT

First Practice: Week of March 17th **Practice Time:** 5:30-7:30pm (varies) **Practice Location:** Whistlestop Park

Practice Notes: Practices will be held 3-4 days a week for the first few weeks. After games start, practice will be 1-2 times a week.

Game Days: Varies. Expect weekday games and some weekend games/tournament.

Game Times: Weekday games generally are played at 5:30 or 6:45pm.

Game Locations: Various communities within usually within 30 minutes travel time

Game Notes: Games begin in early April and are generally played on weekdays and Saturdays.

Equipment needed: Helmet, shoulder pads, elbow pads, gloves, lacrosse stick, cleats, protective cup and black shorts. No specific color schemes are required for helmet/gloves. Equipment can be purchased new at Dick's Sporting Goods & Dunhams

Byron Township Recreation Department * 2120 76th St * Byron Center, MI 49315

Phone: 616-878-1998 * Website: www.byrontownshiprec.org

Player Name: _____ Birthdate: ____ / ____ / ____

Address: _____ Grade/School: _____

City: _____ Zip: _____ Phone: _____

Municipality (Where you pay taxes): _____ Email: _____

Emergency Name : _____ Cell/Alt. Ph: _____

Years of Lacrosse Playing Experience: _____

Medical Information: _____
(List allergies, asthma, or chronic conditions, etc.) Information will be passed on to the coaches.

Mother's Name: _____ Phone: _____ Father's Name: _____ Phone: _____

Volunteers Needed: The Youth Lacrosse program will rely on volunteers for various functions to help keep the cost of registration down for the participants. Please indicate what areas you are willing to assist with. Gameday volunteers should be parents/siblings, not players.

Name of Interested Volunteer: _____ **Phone:** _____

(Check any/all that apply)

- Willing to help with clock/scoreboard management during home games.
 Willing to coach (head / assistant)

I/we hereby agree and contract to hold Byron Township and/or any agent, employee, or member of Byron Township harmless from any liability or responsibility for any and all accidents, injuries, and/or damages resulting from my/our child's participation in the athletic endeavors and/or activities of Byron Township and hereby expressly agree on my/our behalf and that of my/our child to accept the inherent responsibilities of supervision and the existent risk of participation in said programs.

Parent/Guardian Signature: _____ Date: _____

Yes, I would like to donate to the youth Scholarship program. Amount: \$1 \$5 \$10 Other _____

Credit Card #: _____ MasterCard / Visa Security Code: _____ Expiration Date: _____

Name on card: _____ Address: _____ Zip: _____

For Office Use Only: Date Paid: _____ Cash: _____ Check: _____ Credit Card: _____ Receipt: _____ Amount: _____