



Byron Township Recreation

Boy's Lacrosse 3rd-4th Grade—Spring 2025



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

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

Registration Fees: 3rd-4th grade- \$90 resident, \$100 non-resident

Deadline: **March 1st**

Registration Begins: NOW!!!

How to Register: Drop off form and registration fee to Byron Township Community Center or you can email it in to crystal@byrontownship.org

GAMES, PRACTICES and EQUIPMENT

First Practice: Week of March 17th

Practice Time: 5:30-7:30pm (varies) **Practice Location:** TBD

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 the Lakeshore Lacrosse League.

Game Notes: Games begin in early April and are generally played on weekdays and some 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. Gear can be purchased many places including Dick's Sporting Goods & Dunham's.

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. Game day volunteers should be parents/siblings, not players.

Name of Interested Volunteer: _____ **Phone:** _____
(Check any/all that apply)

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

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: _____