



## St. Cloud Boys Crush Lacrosse 2023 Spring Lacrosse Season HIGH SCHOOL

PLAYER NAME \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SCHOOL \_\_\_\_\_

PLAYER CELL PHONE \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

**HIGH SCHOOL PLAYER BOOSTER CLUB FEE:      \$150.00      DUE 4/3/23      PAID: YES NO**

To meet our budgetary needs, the lacrosse booster club fee is \$150 this season. This helps to pay for extra coaching, uniform replacement, uniform socks, website and tax preparation fee for the club. A separate registration form and activity fee is due directly to the player's high school. See your activities director for this information.

**HIGH SCHOOL MEAL PLAN FEE:    Boxed Lunch    \$55.00    DUE 4/3/23    PAID: YES NO**

A separate fee will be charged to any player wanting to participate in the meal plan. Only those players paying the fee will have a sub sandwich meal prepared for them every away game. The meal includes sub sandwich, chips and a cookie. \$11.00 per meal.

All checks should be made out to **St. Cloud Boys Lacrosse Booster Club** and mailed to:

Chris Wayne  
1219 33rd St. S  
St. Cloud, MN 56301

(See Chris for options)

**Application Deadline: April 3, 2023**

Fees are non-refundable one week after practice begins.

Player/Parent/Guardian Waiver - Please read carefully before signing the waiver: Lacrosse is a contact, physically demanding sport. As with any contact sport, injuries and even death are possible. As a parent/guardian of the above applicant of participation in the St. Cloud Lacrosse, I hereby give my consent and approval for his participation in all activities associated with the Team. I assume all risk and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve and indemnify, and agree to hold harmless the directors, officers, sponsors, supervisors, coaches, helpers, and other participants of the activities, including persons transporting the applicant to and from such activities, for any claim arising out of injury or death to the applicant.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Send Money with Zelle®

Scan in your banking app to pay.

St Cloud Boys Lacrosse Booster Club

320-250-1134

