

**Bishop Kelly Lacrosse Club Registration / Consent Form**  
(please print legibly)

Player's Name												Date of Birth			
Bishop Kelly Year : (check one) ___ Freshman ___ Sophomore ___ Junior ___ Senior															
Street						City				State		Zip Code			
Player's Cell Phone				Player's Email Address											
US Lacrosse Membership Number										Expiration Date					
Parent Name															
Parent Email												Parent Cell/Home Phone			
Parent Name															
Parent Email												Parent Cell/Home Phone			

**Fees (circle amounts that you are paying)**

Team fee (mandatory)	\$125.00
Practice packet--including penny and shorts (mandatory if you don't already have)	\$32.00
End-of-year festivities (mandatory)	\$25.00
New Shorts--2 pair (New players only unless you need replacements)	\$70.00
Camp Credit	-\$40.00
Shooting Shirt--Optional (used during pre-game warm-ups)	\$24.00
Circle Shooting Shirt Size S M L XL XXL	

**Total**

All Players: Circle size for team shorts M L XL

\*\*\*Tournament Team fees for the March Seattle trip will be separate. We anticipate cost will be approximately \$250.00. Scholarships will be available.

Please make your checks payable to Bishop Kelly Boy's Lacrosse. Write the name of your player in the lower left corner of the check. This registration/consent form along with check must be returned by February 1, 2010 to: Mary Tunison, 8589 W Brookview Drive, Boise, ID 83709. Any registrations postmarked after February 1st need to include a \$50 late fee in order to be accepted. NO REGISTRATIONS ACCEPTED AFTER FEBRUARY 19.

**CONSENT FORM**

I hereby consent to the above named student participating on the Bishop Kelly Lacrosse Club. I understand that students are responsible for their own transportation to and from games and practices. I further consent to treatment deemed necessary by physicians and/or physical therapists designated by the Lacrosse Club for any illness or injury resulting from his athletic participation. Signature indicates have read the BK lacrosse club information form and agree to comply with these expectations.

Parent or Guardian Signature

Date

(Print) Parent name

NOTE: US Lacrosse membership must be current before first practice ([www.uslacrosse.org](http://www.uslacrosse.org))

Submit US Lacrosse Number and any other updates to this form to: [mary.kalousek@simplot.com](mailto:mary.kalousek@simplot.com)