

## Central Dauphin Area Girls Lacrosse Club

**Who:** 1st-8th grade girls interested in joining a club to learn and play girls lacrosse.

**What:** Girls will have the opportunity to join a club with their peers to learn the skills of lacrosse while participating in organized practices, league games, and scheduled tournaments **\*No Experience Necessary\***

**Where:** Practices will be held at the CDMS lacrosse/field hockey fields, in front of the athletic stadium. Some practices may be scheduled indoors at various locations. Games/Tournaments at various locations. Schedule to follow, based on grade level.

**When:** Practice: Mondays/Wednesdays 5:00-7:00pm. (An optional Thursday practice may be added for preseason.) Games/Tournaments generally Saturday mornings/afternoons for 5th-8th, and some Sunday mornings for 1st-4th. Season will run roughly from the beginning of March to mid-May. \*Our 5-7pm practice time, allows girls to participate in other school sports!

**Equipment:** Each player is REQUIRED to bring a *girl's lacrosse stick, goggles, and a mouth guard. You may wear sneakers/cleats.*

-Equipment can be purchased at Kelly's Sports, Angelo's Soccer Corner, and Dick's \*(Kelly's Sports: Please mention you are with CD Girls Lacrosse for a 10% discount)\*

**Registration:** Registrations can be done online or through the mail

Online: \*Click Me to Register for the 2017 Season\*

Mailed: 402 Trudy Rd, Harrisburg, PA 17109

Prior to registration, each player must be a registered member of US Lacrosse. (Please see attached form for further instructions)

**Fee:** **\$125** made payable to **CDA GIRLS LACROSSE** (*non-refundable*). (*Fee includes: coaching fees, equipment, administrative fees, league fees, tournament fees, etc*).

### Questions:

Ashley Stoner

coachstoner@rocketmail.com

CDA Youth Girls Lax/CDE Assistant Coach

### Social Media:

Facebook: CD Area Girls Lax

Twitter: [@CDAGirlsLax](#)

Website: [www.cdgirlslacrosse.org](http://www.cdgirlslacrosse.org)

### 2017 Registration Form

Player Name : \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Player Cell: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Player Email: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ US Lax Number: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Email: \_\_\_\_\_

Guardian Cell: \_\_\_\_\_

Player Insurance Company: \_\_\_\_\_

Player Insurance Number: \_\_\_\_\_

Medical Information: \_\_\_\_\_

Please mail w/\$125 check to 402 Trudy Rd, Harrisburg, PA 17109