

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](https://twitter.com/CDAGirlsLax)

Website: 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