

OLD NORTH STATE LACROSSE CLUB

U11/U13/U15 FALLBALL 2010

NAME: _____

ADDRESS: _____

CITY _____ ZIP _____

HOME PHONE _____

CELL PHONE _____

EMAIL _____

DOB _____

GRADE _____

PARENT'S EMAIL _____

POSITION _____

SCHOOL _____

US LACROSSE MEMBERSHIP # _____

FEE
\$125

Make checks payable to:

OLD NORTH STATE LACROSSE

And mail to:
**PO BOX 2254
JAMESTOWN, NC 27282**

**Please pay with cash if paying after
September 10th.**

You may email Coach Goldsmith at
mglacrosse@triad.rr.com.

The Old North State 2010 U11/U13/U15 program continues with our FallBall Lacrosse play. We will play on Sundays beginning at 1:00pm and end at 3:00pm. All practices will be held at Pilot and/or Oak Ridge Elementary. FallBall will begin on Sunday **September 12th** and be played each Sunday through the first weekend in **December**. We will have instructional sessions and participate in fall tournaments which are TBD at this time.

Practices will begin promptly at 1:00pm and will end promptly at 3:00pm.

We will also have a tournament travel team that will represent ONS at tournaments held through December. The only additional fees are for tournament and travel expenses and a uniform. The uniform cost is \$75. If your player chooses not to participate in the tournaments, a uniform is not required. If your player is interested in applying, please email Coach Goldsmith ASAP.

The schedule will be posted at
oldnorthstatelacrosse.com.

Insurance Co.

Policy #:

INSURANCE INFORMATION:

I hereby request that my child named above be admitted to the ONS FallBall Lacrosse League and authorize the directors to act for me according to their best judgment in any emergency requiring medical attention.

PARENT'S SIGNATURE:
