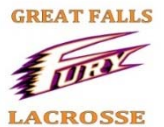


# Great Falls Lacrosse Club



| Player Information:            |                                 |                               |                              |
|--------------------------------|---------------------------------|-------------------------------|------------------------------|
| Player's Name:                 |                                 |                               |                              |
| Boys: <input type="checkbox"/> | Girls: <input type="checkbox"/> | U11: <input type="checkbox"/> | U9: <input type="checkbox"/> |

| Parent Information:         |             |      |
|-----------------------------|-------------|------|
| Name of Parent or Guardian: |             |      |
| Email:                      | Cell Phone: |      |
| Home Phone:                 | Work Phone: |      |
| Address:                    |             |      |
| City:                       | State:      | Zip: |

| Equipment Information  |                                    |  |                                    |
|--|------------------------------------|--|------------------------------------|
| Equipment Rental: Deposit of \$100 required for U11 and U9 players is due at time of gear issue, for those renting gear. This cost does not include mouth guard, cleats or athletic cup.<br>(Half of equipment deposit refundable at the end of the season with equipment returned in same condition as issued.) |                                    |  |                                    |
| <input type="checkbox"/> Stick   | Returned: <input type="checkbox"/> | <input type="checkbox"/> Helmet            | Returned: <input type="checkbox"/> |
| <input type="checkbox"/> Shoulder Pad: Size: ____  | Returned: <input type="checkbox"/> | <input type="checkbox"/> Gloves: Size ____ | Returned: <input type="checkbox"/> |
| <input type="checkbox"/> Elbow Pad: Size: ____   | Returned: <input type="checkbox"/> |  |                                    |

| Payment Information  |              |              |
|--|--------------|--------------|
| <input type="checkbox"/> Equipment Loan (Check one):<br><input type="checkbox"/> \$100.00  |              |              |
| Total Amount Due:  | Amount Paid: | Amount Owed: |
| <input type="checkbox"/> Deposit returned (Check one:) <input type="checkbox"/> \$50 <input type="checkbox"/> \$100    Returned on _____ |              |              |

\_\_\_\_\_  
Parent's/Guardian's Signature (Date)

\_\_\_\_\_  
Fury Representative's Signature (Date)