



◆14845 SW Murray Scholls Dr Ste 110 PMB 213 Beaverton, OR 9700◆www.southridgelacrosse.org

UNIFORM CONTRACT

As the parent or legal guardian of _____ I acknowledge receipt of the items marked below for use by my child during the 2018 Lacrosse Season. I agree to return the items marked below, properly laundered, on the date and time set by the coach or other authorized representative of Southridge Lacrosse Association (The Association).

I further acknowledge that the items being provided are items of value and cannot be replaced by The Association without incurring considerable expense.

If I do not return all of the marked items in reasonable condition I agree to pay the sum of \$500.00 to The Association. I further agree that if The Association is required to take collection action against me I will be liable for costs incurred by the Association related to collection.

To be filled out on day of uniform handout as you receive your uniform:

TEAM: Please circle which team

HOME UNIFORM

AWAY UNIFORM

VARSITY

Top # _____

Top # _____

JV

Shorts (size) _____

Shorts (size) _____

Pinny # _____

Team Jacket # _____

(Varsity only)

Parent/Guardian (Print Name)

Parent/Guardian (Signature)

Date