



Norwich Youth Lacrosse Financial Assistance Application

The goal of the Norwich Youth Lacrosse Program is to allow every eligible player to participate in our league regardless of household financial conditions. The Norwich Youth Sports Financial Assistance Program has been developed to assist families who demonstrate the need for financial assistance.

Who Qualifies?

The Norwich Youth Sports Financial Assistance Program is open to any youth who qualifies for registration in the Norwich Youth Lacrosse Association League whose parent/guardian has submitted this form along with proper documentation.

What it covers.

Financial Assistance covers the registration fee of Norwich Youth Lacrosse Association. All other fees, uniforms, equipment, transportation, or other supplies needed for participation are the responsibility of the player/parent unless otherwise noted.

Please note NYLA has limited equipment for youth to borrow on a first come first serve basis to try out the game of lacrosse and see if they are interested in pursuing the game further. Long term loans of equipment can also be accommodated on a case by case basis.

Requirements:

- This form
- Proof that your child or children are receiving reduced or free lunch at school.

Application Process:

- Scan/email, nylatreasurer@yahoo.com a copy of your child's current approved reduced or free lunch document along with this completed form.
- Once your form is received you will receive an email with a coupon code. You will be prompted for this code during the registration process.
- Each child will have to be registered individually.

Registration Fee with Free or Reduced Lunch

\$25.00 per child for Winter Clinic

\$15.00 per child for 8U/Instructional

\$45.00 per child for 10U-14U

Please note that full payment is due by end of season

LATE fees will be waived for persons with financial assistance needs.



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Parent/Guardian Name: _____ Relationship to Children: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Number of Children Playing: _____

Email Address: _____

Please choose the division(s) you need payment assistance for

- Boys/Girls Winter Clinic (grades 1-8)
- Boys/Girls 8U/Instructional (grades 1-2)
- Boys/Girls 10U-14U (grades 3-8)

Names of Children: _____

By filling out this form, I understand and agree to the Norwich Youth Lacrosse Associations Financial Assistance Guidelines as set forth above. I also understand that any false information will disqualify my family for financial assistance.

Parent/Guardian Signature:

_____ Date _____

Parent/Guardian Printed Name: _____