

# PRESTON SQUIRES LACROSSE --- PLAYER INFO --- SPRING 2025

Name: \_\_\_\_\_ House phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Grade: 5 6 7 8 (Circle one) School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Player Clothing Sizes: Add "Y" for youth or "A" for adult sizes**

Shorts: \_\_\_\_ T-Shirt: \_\_\_\_ Sweatshirt: \_\_\_\_ Sweat pant: \_\_\_\_

Parent/Guardian Names: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

**Phone Contacts:** (If none, write "none")

Mom: \_\_\_\_\_ (cell or work) (Text? YES or NO) (Circle one in each)

Dad: \_\_\_\_\_ (cell or work) (Text? YES or NO) (Circle one in each)

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 Have you had a physical since July 1, 2024? \_\_\_\_\_

If so, for what sport or activity? \_\_\_\_\_  
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**Equipment OWNED By PLAYER:** STICK: \_\_\_\_\_ HELMET: \_\_\_\_\_ GLOVES: \_\_\_\_\_

ARM PADS: \_\_\_\_\_ SHOULDER PADS: \_\_\_\_\_

**RENTED EQUIPMENT:** Initial receipt of the equipment received, understanding that it is the property of Preston County Lacrosse. It shall be returned to the coach when the player no longer plays middle school lacrosse for Preston County. Parents must pay replacement cost of lost or damaged items. "Damage" means beyond normal wear or use playing the game.

EQUIP. RENTAL ITEM	STICK	GLOVES	HELMET	ARM PADS	SHOULDER PADS
<b>INITIAL RECEIPT</b>					

**FEES:** I/we understand that Squires Lacrosse is a self-funding team and NOT part of any athletic department's budget. The lacrosse team gets NO FUNDING from any school. Our coaches do NOT get paid. Therefore, players MUST pay fees and participate in fundraisers to properly operate the team.

**PLAYER FEES: \$60 to TBA**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_