

# CYL Spring 2024 Paper Registration

Come celebrate **10 years of league play** with us!

- Boys (MYL) Travel Team + league insurance - \$215
- Girls (FGLL) Travel Teams + league insurance - \$210  
**\$50 "Early Falcon" Discount through 1/2/24!**
- Future Falcons – Co-ed development program - \$50



**Scholarships/Financial Aid/Payment Plans ALWAYS Available!**

## Parent/Guardian Information – Please print contact information clearly

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Best Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
An Optional Additional Email \_\_\_\_\_

## Participant Information – Additional athletes can be added on reverse side

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_  
School \_\_\_\_\_  
Prior Experience  
New to Lacrosse   
Some Experience with Lacrosse, but not with CYL   
Returning CYL Player   
Top 3 Jersey Numbers      1<sup>st</sup> choice      2<sup>nd</sup> Choice      3<sup>rd</sup> Choice  
Jersey Size (YS - AXXL) \_\_\_\_\_  
T-shirt Size (YS - AXXL) \_\_\_\_\_

## 2024 CYL Spring Program – Select the program your athlete is interested in

Boys (MYL) Travel Team   
Girls (FGLL) Travel Team   
Future Falcons Co-Ed Development Program

## Payment Information – Check method that works best for your family

Check here if you would like to apply for a CYL scholarship or set up a payment plan   
Check here if you will be paying by cash, check, or credit card in April 2024

## Participant Information 2

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

Prior Experience      New to Lacrosse   
Some Experience with Lacrosse, but not with CYL   
Returning CYL Player

Top 3 Jersey Numbers      1<sup>st</sup> choice      2<sup>nd</sup> Choice      3<sup>rd</sup> Choice

Jersey Size (YS - AXXL) \_\_\_\_\_

T-shirt Size (YS - AXXL) \_\_\_\_\_

**2024 CYL Spring Program** – Select the program your athlete is interested in

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## Participant Information 3

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

Prior Experience      New to Lacrosse   
Some Experience with Lacrosse, but not with CYL   
Returning CYL Player

Top 3 Jersey Numbers      1<sup>st</sup> choice      2<sup>nd</sup> Choice      3<sup>rd</sup> Choice

Jersey Size (YS - AXXL) \_\_\_\_\_

T-shirt Size (YS - AXXL) \_\_\_\_\_

**2024 CYL Spring Program** – Select the program your athlete is interested in

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If you are registering more than 3 participants, feel free to print additional copies of this page.  
You only need to submit parent/guardian and payment information **once**.

Email photos of registration to: [registration@cambridgeyouthlacrosse.org](mailto:registration@cambridgeyouthlacrosse.org)

– or –

Print and mail to: Cambridge Youth Lacrosse, P.O. BOX 380411, Cambridge, MA 02238

[play@cambridgeyouthlacrosse.org](mailto:play@cambridgeyouthlacrosse.org) | Cambridge Youth Lacrosse | [www.cambridgeyouthlacrosse.org](http://www.cambridgeyouthlacrosse.org)