

## Keystone Fury Youth Lacrosse

**Who:** 1st-8th grade girls interested in joining a club to learn and play girls lacrosse.

**What:** Girls will have the opportunity to join a club with their peers to learn the skills of lacrosse while participating in organized practices, league games, and scheduled tournaments **\*No Experience Necessary\***

**Where:** Practices will be held within the CDSD territory (previously CDEHS or CDMS), specific locations TBD. Some practices may be scheduled indoors at various locations. Games/Tournaments at various locations throughout the mid-state. Schedule to follow, based on grade level.

**When:** Practice: Mondays/Wednesdays 5:15-7:00 pm. (Additional Thursday practices will be added for preseason in March.) Games/Tournaments generally Saturday mornings/afternoons with occasional Sundays. Season will run roughly from the beginning of March to mid-May.

\*Our 5:15-7pm practice time, allows girls to participate in other school sports!

**Equipment:** Each player is REQUIRED to bring a *GIRL'S lacrosse stick, goggles, sneakers/cleats, and a mouth guard. (Cleats are preferred)*  
-Equipment can be purchased at Dick's Sporting Goods, or various online dealers such as Amazon, Ebay, or Facebook Marketplace.

**Registration:** Registrations can be done online or through the mail

Online: [\\*Click Me to Register for the 2020 Season\\*](#)

Mailed: 7315 Main Street, Harrisburg, PA 17112

Prior to registration, each player must be a registered member of US Lacrosse. (Please see attached form for further instructions)

**Fee:** **\$125** made payable to **CDMS GIRLS LACROSSE** (*non-refundable*). (*Fee includes: coaching fees, equipment, administrative fees, league fees, tournament fees, etc*).

### Questions:

Ashley Albright

KeystoneFuryLax@gmail.com

Keystone Fury Youth/ CDE Head Coach

### Social Media:

Facebook: [Keystone Fury Girls Lax](#)

Twitter: [@KeystoneFuryLax](#)

Website: [Keystone Fury Lax](#)

### 2020 Registration Form

Player Name : \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Player Cell: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Player Email: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ US Lax Number: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Email: \_\_\_\_\_

Guardian Cell: \_\_\_\_\_

Player Insurance Company: \_\_\_\_\_

Player Insurance Number: \_\_\_\_\_

Medical Information: \_\_\_\_\_

Please mail w/\$125 check to 7315 Main St, Harrisburg, PA 17112