

# Jefferson Boys Lacrosse - JAGLAX

Spring Season Application Form **DEADLINE: Mon Mar 5th thru Fri Mar 9th**

## Important Information PLEASE READ ALL OF THIS SHEET:

**1. Players MUST turn in 2 SEPARATE REGISTRATIONS:** fill out Bloomington Schools Athletic Registration online **\*\*Parents must have own SCHOOL VIEW account\*\*** (if don't have one-see school media center), and also must fill this sheet below with a check for **\$235 to Jefferson Lacrosse**.

**2. Players and Parents MUST** attend Jaglax Spring Season Informational Meeting on Thursday, April 5th at JEFFERSON at 6:15pm in Cafeteria.

**3. Players MUST** meet eligibility criteria:

--Passing grades

--No chemical use (no tobacco, alcohol, etc..)

--Will not partake in racial/religious/sexual harassment/violence and hazing

**4. Players MUST** be able to show up for practice and games EVERYDAY, see calendar/website on TeamSnap.com and the TeamSnap app. or jeffersonboyslacrosse.com **\*\*\*Please note:** Tryouts begin on Monday, April 2nd, through Wed, Apr 4th. Tryouts may be at Jefferson Turf or off-campus at Savage Dome (pending weather), older guys 3-4pm and younger guys 4-5pm.

**5. Players MUST** participate in our team fundraisers. Mulch sales - 50 bags (starting soon) or buyout.

VISIT and BOOKMARK THESE SITES: Team site: jeffersonboyslacrosse.com & Teamsnap.com

Game film: hudl.com Rankings: mnlaxhub.com Twitter/Instagram: @jaglax98 Facebook: JagLax Jhs

***IF you can meet the above requirements,  
then please fill in ALL PARTS & return with \$235 Check to Jefferson Lacrosse:***

**PLAYER NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**USLacrosse Number:** \_\_\_\_\_ **Expire date:** \_\_\_\_\_

**LAX EXPERIENCE: Seasons Played:** \_\_\_\_\_ **Position(s) Played:** \_\_\_\_\_

*Attack, Defense, Long Stick Middie, Goal, Middie*

**ONLY IF NEW TO JEFFERSON BOYS LACROSSE: FILL IN ADDRESS AND CONTACT INFORMATION: (we have it for returning players-fill-in any edits!)**

**PLAYER ADDRESS:** \_\_\_\_\_ **PLAYER CELL:** \_\_\_\_\_

**PLAYER EMAIL:** \_\_\_\_\_ **PARENT/GUARDIAN NAMES:** \_\_\_\_\_

**PARENT EMAILS:** \_\_\_\_\_ , \_\_\_\_\_ **PARENT CELLS:** \_\_\_\_\_  
*please give name for each number*

Questions??--call Parent booster: Jenn Wallace--(612)-209-1737 or email at gwal822091@aol.com  
TURN INTO Coach Cater in C107, or Mr. Gilbert--OMS, Mr. Walsh--OGMS, NO LATER THAN Friday MARCH 9th!!!!

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TURN INTO Coach Cater in C107, or Mr. Gilbert--OMS, Mr. Walsh--OGMS, NO LATER  
THAN Friday MARCH 9th!!!!