

Jefferson Boys Lacrosse - JAGLAX

Spring Season Application Form **DEADLINE: Wed Feb 27 thru Fri Mar 1st**

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 “athletics registration” account**** (if don’t have one-set one up when registering thru JHS Athletics), and also this sheet below with check for **\$235 to Jefferson Lacrosse or pay online at jeffersonboyslacrosse.com.**

2. Players and Parents MUST attend Jaglax Spring Season Informational Meeting on Thursday, April 4th at OLSON MIDDLE SCHOOL at 6:15pm in Auditorium.

3. Players MUST meet eligibility criteria:

- Passing grades
- No chemical use (no e-cigs, 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 1st, through Wed, Apr 3rd. Tryouts may be at Jefferson Turf or off-campus at Savage Dome (pending weather), older guys 3-4pm or 4-5pm(DOME) and younger guys 4-5pm or 5-6pm(DOME).

5. Players MUST participate in team fundraisers. Spring Fundraiser being decided soon! Selling something.

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 Middle, Goal, Middle

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 Mrs. Kellen--OMS, Mr. Walsh--OGMS, NO LATER THAN Friday MARCH 1st!!!!