

CYL Spring 2026 Paper Registration

Here's to another great year of Cambridge Lacrosse!

- Boys (MYL) Travel Team + league insurance - \$220
- Girls (FGLL) Travel Teams + league insurance - \$210
- **\$50 "Early Falcon" Discount through 1/5/26!**
- 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	<table><tr><td>New to Lacrosse</td><td><input type="checkbox"/></td></tr><tr><td>Some Experience with Lacrosse, but not with CYL</td><td><input type="checkbox"/></td></tr><tr><td>Returning CYL Player</td><td><input type="checkbox"/></td></tr></table>	New to Lacrosse	<input type="checkbox"/>	Some Experience with Lacrosse, but not with CYL	<input type="checkbox"/>	Returning CYL Player	<input type="checkbox"/>
New to Lacrosse	<input type="checkbox"/>						
Some Experience with Lacrosse, but not with CYL	<input type="checkbox"/>						
Returning CYL Player	<input type="checkbox"/>						
Top 3 Jersey Numbers	<table><tr><td>1st choice</td><td>2nd Choice</td><td>3rd Choice</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></table>	1 st choice	2 nd Choice	3 rd Choice	_____	_____	_____
1 st choice	2 nd Choice	3 rd Choice					
_____	_____	_____					
Jersey Size (YS - AXXL)	_____						
T-shirt Size (YS - AXXL)	_____						

2026 CYL Spring Program – Select the program your athlete is interested in

Boys (MYL) Travel Team	<input type="checkbox"/>
Girls (FGLL) Travel Team	<input type="checkbox"/>
Future Falcons Co-Ed Development Program	<input type="checkbox"/>

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	<input type="checkbox"/>
Check here if you will be paying by cash, check, or credit card in April 2026	<input type="checkbox"/>

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 st choice	2 nd Choice	3 rd Choice
Jersey Size (YS - AXXL)			
T-shirt Size (YS - AXXL)			
2026 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			

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 st choice	2 nd Choice	3 rd Choice
Jersey Size (YS - AXXL)			
T-shirt Size (YS - AXXL)			
2026 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			

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

– or –

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

play@cambridgeyouthlacrosse.org | Cambridge Youth Lacrosse | www.cambridgeyouthlacrosse.org