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 – Plea | se print contact informatio | n clearly | | |
|---------------------------|---|------------------------------|------------------------|--|--|
| First Name | | · | • | | |
| Last Name | - | | | | |
| Street Address | | | | | |
| City | - | | | | |
| State | | | | | |
| Zip | | | | | |
| Best Phone Number | | | | | |
| Email | | | | | |
| An Optional Additional | Fmail | | | | |
| 7.11 Optional / tautional | | | | | |
| Participant Inform | nation – Additional ath | letes can be added on reve | erse 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 st choice | 2 nd Choice | 3 rd Choice | | |
| Jersey Size (YS - AXXL) | | | | | |
| T-shirt Size (YS - AXXL) | | | | | |
| 2026 CYL Spring Pro | gram – Select the progr | ram your athlete is interest | ed in | | |
| Boys (MYL) Travel Team | | | | | |
| Girls (FGLL) Travel Team | I | | | | |
| Future Falcons Co-Ed D | evelopment Program | | | | |
| | . • | | | | |
| Payment Informat | non – Check method tha | at works best for your fami | ly | | |
| Check here if you would | d like to apply for a CY | L scholarship or set up | a payment plan | | |
| Check here if you will b | e paying by cash, chec | ck, or credit card in Ap | ril 2026 | | |

| First Name | | | | |
|--|---|--------------------------|----------------------------------|---------------|
| Last Name | | | | |
| Date of Birth | | | | |
| Grade School | | | | \rightarrow |
| | New to Lacrosse | | | |
| Prior Experience | | a Lacrossa but not | with CVI | |
| | Some Experience with Returning CYL Player | i Lacrosse, but not | WILLI CYL | |
| 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 Pro | ogram – Select the progra | m your athlete is intere | ested in | |
| Boys (MYL) Travel Team | | | | |
| Girls (FGLL) Travel Team | | | | |
| Euturo Falcons Co Ed D | | | | |
| Tutule Talcolls Co-Lu D | evelopment Program | | | |
| Tuture Falcons Co-Lu D | evelopment Program | | | |
| | | | | |
| | | | H | |
| Participant Inform | | | | |
| Participant Inform | | | | |
| Participant Inform First Name Last Name | | | | |
| Participant Inform First Name Last Name Date of Birth | | | | |
| Participant Inform First Name Last Name Date of Birth Grade | | | | |
| Participant Inform First Name Last Name Date of Birth Grade School | nation 3 | n Lacrosse, but not | with CYL | |
| Participant Inform First Name Last Name Date of Birth Grade School | New to Lacrosse | n Lacrosse, but not | with CYL | |
| Participant Inform First Name Last Name Date of Birth Grade School | New to Lacrosse Some Experience with | n Lacrosse, but not | with CYL 3 rd Choice | |
| Participant Inform First Name Last Name Date of Birth Grade School Prior Experience | New to Lacrosse Some Experience with Returning CYL Player | | | |
| Participant Inform First Name Last Name Date of Birth Grade School Prior Experience Top 3 Jersey Numbers | New to Lacrosse Some Experience with Returning CYL Player | | | |
| Participant Inform First Name Last Name Date of Birth Grade School Prior Experience Top 3 Jersey Numbers Jersey Size (YS - AXXL) T-shirt Size (YS - AXXL) | New to Lacrosse Some Experience with Returning CYL Player 1st choice | 2 nd Choice | 3 rd Choice | |
| Participant Inform First Name Last Name Date of Birth Grade School Prior Experience Top 3 Jersey Numbers Jersey Size (YS - AXXL) T-shirt Size (YS - AXXL) 2026 CYL Spring Pro | New to Lacrosse Some Experience with Returning CYL Player 1st choice | 2 nd Choice | 3 rd Choice | |
| Participant Inform First Name Last Name Date of Birth Grade School Prior Experience Top 3 Jersey Numbers Jersey Size (YS - AXXL) T-shirt Size (YS - AXXL) | New to Lacrosse Some Experience with Returning CYL Player 1st choice | 2 nd Choice | 3 rd Choice | |

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