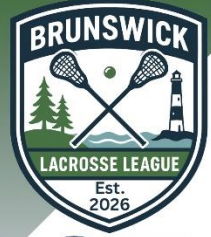


BRUNSWICK COUNTY SUMMER YOUTH LACROSSE



DIVISIONS

ROOKIES – 1ST & 2ND GRADE
(COED LEAGUE FOR BOYS & GIRLS)

J. V. GIRLS-3RD & 4TH GRADE GIRLS

J. V. BOYS – 3RD & 4TH GRADE BOYS

VARSITY GIRLS – 5TH & 6TH GRADE GIRLS

VARSITY BOYS – 5TH & 6TH GRADE BOYS

RECREATIONAL LACROSSE PLAY

*****1 NIGHT A WEEK PRACTICES*****

*****GAME JERSEY** for EACH PARTICIPANT***
GAMES PLAYED ON SATURDAYS
in APRIL | MAY | JUNE

****PARTICIPATION MEDAL** for EACH PARTICIPANT**
*******PARKS*******

NORTHWEST / TOWN CREEK / SMITHVILLE /
CEDAR GROVE / SHALLOTTE / OCEAN ISLE BEACH

LEAGUE CONTACT

DEVONTA BEST @ 910.253.1747 or
devonta.best@brunswickcountync.gov

WEBSITE:

<http://bcparks.recdesk.com/recdeskportal/>

VOLUNTEERS:

Coach with us and your child's registration is
FREE! (Must be cleared and assigned a team.)
Email Devonta if Interested.

2026 BRUNSWICK COUNTY YOUTH LACROSSE

*******MANDATORY SKILLS ANALYSIS*******
[MARCH 21, 2026]

CENTRAL & WEST PLAYERS @ CEDAR GROVE PARK
SOUTH PLAYERS @ TOWN CREEK PARK #1
NORTH PLAYERS @ TOWN CREEK PARK #2

SHOULD ONLY TAKE 10-15 MINUTES

ROOKIES: 9:00AM-10:00AM @ YOUR HOME PARK
JV: 10:00AM-11:00AM @ YOUR HOME PARK
VARSITY 11:00AM-12:00PM @ YOUR HOME PARK

VOLUNTEER COACHES NEEDED for TEAMS

*****Coaches are our **MOST** Important Asset*****
!!!!!!!NEED VOLUNTEER COACHES FOR LEAGUE!!!!!!!
***** Register to Coach TODAY! *****

REGISTER

DECEMBER 15th – MARCH 21ST

8:30 a.m. till 5:00 p.m.

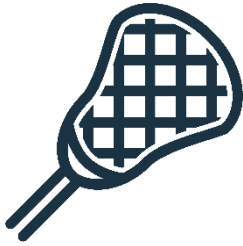
Monday – Friday
Building G

@ the Government Complex

REGISTER ONLINE | QR Code to REGISTER
<https://bcparks.recdesk.com/Community/Program>



SCAN QR Code to REGISTER ONLINE
REGISTRATION FEE of \$55.00



PLEASE PRINT or TYPE NEATLY – YOU CAN REGISTER ONLINE @
<https://bcparks.recdesk.com/Community/Program>



ATHLETIC REGISTRATION FORM
BOYS & GIRLS YOUTH LACROSSE
Brunswick County Parks & Recreation Department

NAME: _____
 (LAST) (FIRST) (MIDDLE)

MALE ☐ FEMALE ☐ BIRTHDATE: ____/____/____ AGE: ____
 (PLEASE CHECK APPROPRIATE BOX) (MONTH) (DAY) (YEAR)

GRADE: 1ST GRADE ☐ 2ND GRADE ☐ 3RD GRADE ☐ 4TH GRADE ☐ 5TH GRADE ☐ 6TH GRADE ☐

(PLEASE CHECK BOX TO THE RIGHT SIDE OF GRADE THAT THE PARTICIPANT IS IN – PLAYERS MUST BE 4 on or BEFORE APRIL 1ST OF 2022)

PHYSICAL ADDRESS: _____
 (STREET / P.O. BOX) (CITY)

HOME PHONE: _____ EMAIL: _____

MOTHER'S CELL: _____ DAD'S CELL: _____

SCHOOL ATTENDING: _____

ANY PHYSICAL LIMITATIONS: _____

***** JERSEY SIZE (Please Check One) *****

YOUTH SMALL ☐ YOUTH MEDIUM ☐ YOUTH LARGE ☐ ADULT SMALL ☐ ADULT MEDIUM ☐ ADULT LARGE ☐ ADULT X-LARGE ☐

LOCATION INFORMATION:

1ST YEAR PLAYER ☐ RETURNING PLAYER ☐

WILL BE PLAYING FOR: NORTH ☐ SOUTH ☐ CENTRAL ☐ WEST ☐

NORTH IS ANY PARTICIPANT WHO WILL ATTEND N.B.H.S. AND LIVES IN THE LELAND, BELVILLE & NAVASSA AREA.

SOUTH IS ANY PARTICIPANT WHO WILL ATTEND S.B.H.S. AND LIVES IN THE SOUTHPORT-OAK ISLAND, B.S.L, WINNABOW & TOWN CREEK AREA.

CENTRAL IS ANY PARTICIPANT WHO WILL ATTEND S.B.H.S or W.B.H.S. AND LIVES IN THE SUPPLY, HOLDEN BEACH, CEDAR GROVE AREA.

WEST IS ANY PARTICIPANT WHO WILL ATTEND W.B.H.S. AND LIVES IN THE SHALLOTTE, O.I.B., WACCAMAW, CALABASH and SUNSET BEACH AREA

COMMENTS ON LOCATION PLACEMENT: _____

PARENTAL CONSENT: PLEASE READ & SIGN: APPLICATION MUST BE SIGNED BY AT LEAST ONE PARENT/GUARDIAN FOR PARTICIPANT TO BE ELIGIBLE.
 BY SIGNING THIS REGISTRATION, YOU ARE STATING THAT YOU UNDERSTAND AND AGREE TO FOLLOW THE TERMS AND CONDITIONS BELOW.

I/WE, the Parents/Guardians of the above-named candidate for a position on any of the BCYSL Youth Lacrosse teams, hereby give MY/OUR approval to his/her participation in any and all BCYLL Youth Lacrosse activities during the current season. I/WE assume all risks and hazards incidental to such participation including transportation to and from such activities, and I/WE do hereby waive release, absolve, indemnity and agree to hold harmless the Brunswick County Parks & Recreation, BCYLL Youth Lacrosse League and its Associations, the sponsors, supervisors, participants, volunteers and persons transporting MY/OUR child to and from activities for any claim arising out of illness, injury, accidental death or damage to personal property sustained in the above activity to MY/OUR child. I/WE and participant agree to abide by the BCYLL Rules of Conduct.

YOUR CHILD **MUST** PLAY FOR A TEAM IN THE DISTRICT IN WHICH YOUR PHYSICAL ADDRESS FALLS. IF THERE IS NOT A TEAM FROM THAT DISTRICT, HE/SHE WILL BE ABLE TO PLAY FOR THE TEAM IN THE NEXT CLOSEST DISTRICT.

AS A PARENT OR GUARDIAN, I ASSUME ALL RESPONSIBILITY FOR ANY UNIFORM / EQUIPMENT THE ABOVE PARTICIPANT RECEIVES FOR THIS PROGRAM. NO ALTERATIONS TO ANY UNIFORM OR EQUIPMENT ARE ALLOWED. UNIFORM / EQUIPMENT MUST BE RETURNED BY THE LAST GAME OR EVENT OF THIS PROGRAM OR I WILL PAY FOR THE UNIFORM / EQUIPMENT. **(PLAYERS MAY KEEP LACROSSE JERSEY)**

PARENTAL MEDICAL TREATMENT AUTHORIZATION: In the event of injury to MY/OUR child, I/WE hereby grant authority to a qualified paramedic/ physician to render such medical treatment as said paramedic/physician deems necessary under the circumstances.

PICTURE CONSENT FOR FILM / WEBSITE / ADVERTISEMENTS: I/WE give permission to have my child's picture on the BCP&R/league web site, program advertisements, video for televising games and any other medium used strictly to promote the BCYLL.

PLEASE MAIL COMPLETED FORM TO: BCP&R ~ ATTN: DEVONTA BEST ~ P.O. BOX 249 ~ BOLIVIA, NC 28422

FAX: (910) 253-2684 (REGISTRATIONS MUST BE COMPLETED & SIGNED WITH /FEE PAID & RECEIVED BEFORE ANY PARTICIPATION CAN BEGIN.)

I/WE have read the above and agree and understand the policies set forth above.

PARENT OR GUARDIAN SIGNATURE _____ PARENT D.O.B. _____ DATE _____ [PLEASE PRINT]

MAIL TO: BCP&R / ATTN: DEVONTA BEST / P.O. BOX 249 / BOLIVIA, NC 28422 FAX: 910-253-2684

FOR OFFICE USE ONLY

Fee: \$55.00

Cash: _____
 Date: _____

Check: _____
 Receipt: _____

Check #: _____