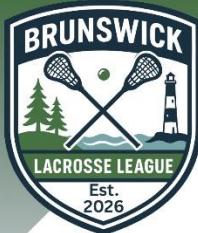


# BRUNSWICK COUNTY SUMMER YOUTH LACROSSE



## 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](mailto: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 15<sup>th</sup> – MARCH 21<sup>ST</sup>**

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

**Monday – Friday**

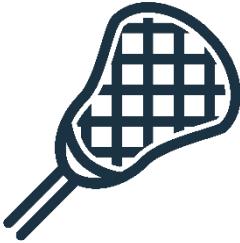
**Building G**

**@ the Government Complex**

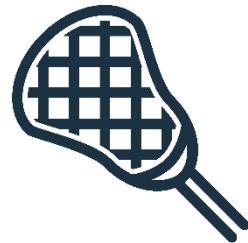
**REGISTER ONLINE | QR Code to REGISTER**  
<https://bcparks.recdesk.com/Community/Program>



**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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (PLEASE CHECK APPROPRIATE BOX) (MONTH) (DAY) (YEAR) AGE: \_\_\_\_\_

GRADE: 1<sup>ST</sup> GRADE  2<sup>ND</sup> GRADE  3<sup>RD</sup> GRADE  4<sup>TH</sup> GRADE  5<sup>TH</sup> GRADE  6<sup>TH</sup> GRADE

(PLEASE CHECK BOX TO THE RIGHT SIDE OF GRADE THAT THE PARTICIPANT IS IN – PLAYERS MUST BE 4 or 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:**

1<sup>ST</sup> 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: \_\_\_\_\_

Check: \_\_\_\_\_

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

Receipt: \_\_\_\_\_