

Appendix A – Membership Application Form

NORTH CAROLINA HIGH SCHOOL WOMEN’S LACROSSE ASSOCIATION

To Be Completed by New Members Only

_____ Full Membership - \$100

_____ Associate Membership - \$75

TEAM NAME: _____

TEAM HIGH SCHOOL: _____

TEAM CONTACT: _____

TEAM MAILING ADDRESS: _____

Phone Numbers: (day) _____ (night) _____

(cell) _____ email: _____

TEAM HEAD COACH: _____; US Lacrosse Membership # _____

Head coach must be a registered member of US Lacrosse as a **Women’s Division Head Varsity Coach**

TEAM ASSISTANT COACHES: _____

Certifications:

I certify each player on the team is/will be eligible to play in accordance with the academic, attendance and other eligibility rules of the athletic teams from this high school.

I certify that this team is covered by the liability insurance of the high school listed above or that each player is/will be a member of US Lacrosse and covered by the liability insurance of US Lacrosse.

I certify that this team has agreed to abide by the rules of the Association.

I certify that the head coach is registered with US Lacrosse as a Women’s Division Head Varsity Coach.

Signatures: Contact: _____ Date: _____

Coach: _____ Date: _____