



# Byron Township Recreation

## GIRLS Lacrosse 3rd-4th Grade—Spring 2026



**Registration Location:** Byron Township Community Center, 2120 76th Street

**Office Hours:** Mon.-Fri. 7am-7pm  
Sat. 8am-12pm

**Registration Fees:** 3rd-4th grade- \$100 resident, \$110 non-resident

**Deadline:** **March 9th**

**Registration Begins: NOW!!!**

**How to Register:** Drop off form and registration fee to Byron Township Community Center. Cash, checks, and credit card accepted.  
You can also email the form to [crystal@byrontownship.org](mailto:crystal@byrontownship.org)

### GAMES, PRACTICES and EQUIPMENT

**First Practice:** Week of March 16th

**Practice Time:** 5:30-7:30pm (varies)

**Practice Location:** TBD

**Practice Notes:** Practices will be held 3-4 days a week for the first few weeks. After games start, practice will be 1-2 times a week.

**Game Days:** Varies. Expect weekly weekday games and some weekend games/tournaments

**Game Times:** Weekday games generally are played at 5:30 or 6:45pm.

**Game Locations:** Various communities around West Michigan

Byron Township Recreation Department \* 2120 76th St \* Byron Center, MI 49315  
Phone: (616)878-1998 \* Website: [www.byrontownshiprec.org](http://www.byrontownshiprec.org)

Player Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Grade/School District: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Municipality (Where you pay taxes): \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Name : \_\_\_\_\_ Cell/Alt. Ph: \_\_\_\_\_

Years of Lacrosse Playing Experience: \_\_\_\_\_

**Medical Information:** \_\_\_\_\_  
(List allergies, asthma, or chronic conditions, etc.) Information will be passed on to the coaches.

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Volunteers Needed:** The Youth Lacrosse program will rely on volunteers for various functions to help keep the cost of registration down for the participants. Please indicate what areas you are willing to assist with. Game day volunteers should be parents/siblings, not players.

**Name of Interested Volunteer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(Check any/all that apply)

- Willing to help with clock/scoreboard management during home games.
- Willing to help with various game day functions (setup, cleanup, etc)
- Other: \_\_\_\_\_

I/we hereby agree and contract to hold Byron Township and/or any agent, employee, or member of Byron Township harmless from any liability or responsibility for any and all accidents, injuries, and/or damages resulting from my/our child's participation in the athletic endeavors and/or activities of Byron Township and hereby expressly agree on my/our behalf and that of my/our child to accept the inherent responsibilities of supervision and the existent risk of participation in said programs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Yes, I would like to donate to the youth Scholarship program.** Amount: \$1 \$5 \$10 Other \_\_\_\_\_

Credit Card #: \_\_\_\_\_ MasterCard / Visa Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name on card: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
For Office Use Only: Date Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Receipt: \_\_\_\_\_ Amount: \_\_\_\_\_