

Please send completed form and *separate* fee and deposit checks to:

Lisa Marie Taylor
30166 Pharr
Chapel Hill, NC 27517



North Chatham Youth Lacrosse Equipment Rental Agreement

Player Name: _____

Season	Rental Equipment Fee		Refundable Deposit*	
	Amount	Check Number	Amount	Check Number
Summer/Fall	\$30		\$100	
Spring	\$50		\$100	

Please make checks payable to North Chatham Youth Lacrosse

*Deposits will be returned upon return of gear in good working condition.

Rental Agreement

I, _____, (parent/guardian) have received in my possession the items listed above on _____ (date) and agree to maintain the equipment to the best of my ability and not to alter the equipment in any way. I also agree to return all items by the date specified by the program director. If equipment is worn beyond normal wear, or is not returned by the due date, I understand that my deposit check will be cashed.

I understand that maintenance of the equipment is my responsibility once in my possession. I also understand that the equipment will assist in reducing risk of injury but will not eliminate or prevent such possibilities. I assume full risk therein by signing below.

Parent/Guardian: _____ Date: _____

<i>For NCYL Use Only</i>			
Equipment	Number	Given by	Received by
Helmet			
Shoulder Pads			
Arm Pads			
Gloves			