

# WESTVIEW LACROSSE

I, (print parent name) \_\_\_\_\_,  
understand that I will be responsible for the prompt return of  
my player's Westview High School Lacrosse practice pinnie  
and all pieces of the game uniform in a clean and reusable  
condition at the end of the Spring 2025 season.

I also understand that if it is lost or damaged, I will need to  
pay the replacement cost for the items as follows:

Short / Kilt \$65.00 each

Jersey \$85.00 each

Practice Pinnie \$40.00 each

PLAYER NAME (print legibly): \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Phone # \_\_\_\_\_

Parent Email \_\_\_\_\_