

# TACOMA BOYS YOUTH LACROSSE ASSOCIATION PROPERTY USE FORM



Date: \_\_\_\_\_ Player's Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Deposit on File \$ \_\_\_\_\_ Check # \_\_\_\_\_ Team: \_\_\_\_\_

League Season or Event: \_\_\_\_\_ Equipment Due Date: \_\_\_\_\_

**Equipment:**

Shoulder Pad (Estimated Replacement Cost \$30) # \_\_\_\_\_ Size \_\_\_\_\_

Arm Pads (Estimated Replacement Cost \$30) # \_\_\_\_\_ Size \_\_\_\_\_

Gloves (Estimated Replacement Cost \$40) # \_\_\_\_\_ Size \_\_\_\_\_

Helmet (Estimated Replacement Cost \$100) # \_\_\_\_\_ Size \_\_\_\_\_

**Uniform:** (Estimated Replacement Cost \$75)

Jersey # \_\_\_\_\_

**Equipment Cleaning Instructions**

Shoulder pads, arm pads, gloves and goalie pads - machine wash, cold water, on the delicate cycle, and then drip dry for at least 48 hours.

Helmets - completely remove any tape or stickers that were placed on the helmet after it was issued, and wipe clean inside and out with a wet cloth and mild detergent.

**Uniform Cleaning Instructions**

Please help us maintain uniforms longer, and keep costs down, by laundering them on the delicate cycle in cold water, and then drying them on the low setting.

**Receipt of Equipment:**

I acknowledge receipt of the listed equipment and/or uniform owned by the Tacoma Youth Lacrosse Association. I will return the equipment no later than the **Equipment Due Date** stated on this document.

Equipment return dates and instructions will be provided in advance of the Due Date. The deposit will be refunded when the equipment and/or uniform is returned by the Equipment Due Date. If the equipment and/or uniform are not returned before the Equipment Due Date, the replacement cost will be charged against the deposit.

I agree to take care of the equipment and further agree to return said equipment in good reusable condition. If equipment is not returned or is returned in unusable condition (beyond normal wear), I agree to pay for the cost of replacement for any missing or unusable equipment checked out to me. Lost equipment will be replaced, or charged against the deposit.

**Parent / Guardian Check Out:**

\_\_\_\_\_

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

**Parent / Guardian Check In:**

\_\_\_\_\_

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

**Deposit Check  
Returned (Initial):** \_\_\_\_\_