High School Lacrosse Joint Schools Team 2026-2027

*It was agreed upon that schools that otherwise **will** not be able to field a team could make an application to join with **ONE** other school to form a single team. A committee will review the application and make a decision based on:*

1. *Competitive balance;*
2. *Skills of the players involved; and*
3. *Proximity of the schools to each other.*

If approved, the application is only in place for the current season of play.

Name of School: _____

Name of School: _____

League: ☐ Senior ☐ Junior ☐ Women's

1. Please attach a roster of all student-athletes and their current school attending.
2. Please provide rationale for joint team: (lack of goalie, lack of players, not a full roster, growth of sport etc)

It is understood that both school administrators have agreed to the joint schools team and accept the responsibilities concerning supervision, players' and parents' informed consent and liability.

Name of Coach: _____ E-Mail: _____

Name of Principal: _____ Signature: _____

Name of Principal: _____ Signature: _____

The Decision of the Committee: ☐ **Approved** ☐ **Denied**

The decision of the committee is final and not appealable.