



RETURNING PLAYER REGISTRATION FORM

Name: _____ Graduation Year: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth _____ / _____ / _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Parents Names: _____

Mom Work Phone: (_____) _____ - _____ Dad Work Phone: (_____) _____ - _____

Mom Cell: (_____) _____ - _____ Dad Cell: (_____) _____ - _____

Player Email: _____

Parent Email: _____

School: _____

Position: _____

Emergency Contact Name: _____

Emergency Contact Phone: (_____) _____ - _____

Medical Injuries/Allergies/Concerns: _____

Insurance Company: _____

Policy Number: _____

***US Lacrosse Number:** _____

***All players who wish to tryout must be a member of US Lacrosse. If you do not have a US Lacrosse membership number go to www.lacrosse.org to join. Registration will not be complete without this number, and no player will be allowed to tryout without it.**