

St. Catharine Lacrosse

2019 Registration Form

INFORMATION:

Grade: Please check grade of participant

3rd 4th 5th 6th 7th 8th

Fees: \$85

Deadline:

Register Online: <http://www.stcatharineathletics.com/formsregistration/>

PLAYER INFORMATION

Player's Full Name: _____ **Date of Birth:** _____

Gender (M/F): _____ **Shirt Size** _____

Mailing Address: _____ **City:** _____

Zip: _____

School: _____ **Grade(Spring 2019)** _____ **Home** _____

PARENT/GUARDIAN INFORMATION

Parents/Guardians (*list both names*):

Home Phone: _____ **Cell:** _____

Cell: _____

E-mail addresses:

PLEASE PROVIDE ANY HEALTH INFO TO SCSL SHOULD BE AWARE OF BELOW:

Family Physician: _____ **Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____