

# Centennial Girls Lacrosse FALL BALL REGISTRATION

Date \_\_\_\_\_

Player's Name: \_\_\_\_\_ US Lacrosse Number: \_\_\_\_\_

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

Player's cell number: \_\_\_\_\_ Grade: \_\_\_\_\_

Player's email: \_\_\_\_\_

**T-SHIRT SIZE (CIRCLE ONE):** Adult size **XS S M L XL**

1) Parent/Guardian Name: \_\_\_\_\_

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

Phone # cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

2) Parent/Guardian Name: \_\_\_\_\_

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

Phone # Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

In case of **Emergency** Contact: (If parent/guardian cannot be reached)

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to player: \_\_\_\_\_

Does player have any medical conditions or health concerns that we should know about?

Allergies? \_\_\_\_\_

If yes, does player carry necessary medications with her? \_\_\_\_\_

Does player have any previous experience in Lacrosse? \_\_\_\_\_

Has player previously played a sport, if yes, which sport? \_\_\_\_\_