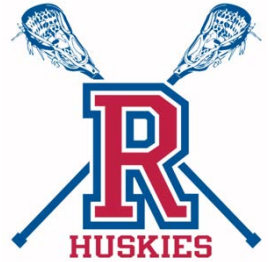


Huskies Lacrosse

Athlete Information Sheet



Player Name _____

Home Address _____

Player Cell Phone _____

Player email _____

Grade in high school: Fr So Jr Sr

Date of birth _____ Age _____ Gender M F

Height _____ Weight _____

Other Sports experience _____

U.S. Lacrosse membership # _____ Exp Date: _____
(current membership is required)

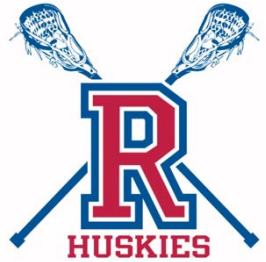
T-shirt Size: SM Med Large X-Large

Have you played Lacrosse before? Y N Years played _____

Send all forms, sports physical, registration fee and uniform deposit to:		
High Sierra Huskies OR	turn in to:	Make checks payable to:
295 Southridge Dr.	Mr. Foster	Huskies Lacrosse
Reno, NV 89509	Room R-4 in RHS	

Athletes are 100% responsible for the condition of issued equipment and must purchase & replace any equipment that is damaged or lost!

Emergency Information Sheet



Player Name _____

Primary (*Parent/Guardian*) Contact Name _____

Phone _____ E-mail _____

Relationship: _____

Secondary Contact Name _____

Phone _____ E-mail _____

Relationship: _____

Insurance Information

Provider _____

Number _____

Hospital preference _____

Special Conditions/
Allergies _____

I hereby authorize the coaching staff of High Sierra Lacrosse to provide medical direction to health care practitioners in case of my absence.

Parent Signature

Date

I am interested in participating in the following committees (check at least 1):

- Fundraising Committee
- Events Committee
- Game Committee
- Administration Committee