

Jesuit Lacrosse 2008-2009 Registration Information

PRINT!

DATE: _____

PLAYER'S NAME: _____ **GRADE:** _____

ADDRESS: _____
Street City Zip

HOME #: _____ **MOBILE #:** _____

E-MAIL: _____ (Print clearly!)

LAX EXPERIENCE: _____ **WHERE, HOW LONG?** _____ **POSITION:** _____

DAD'S NAME: _____

ADDRESS: _____
Street City Zip

HOME #: _____ **MOBILE #:** _____ **WORK #:** _____

E-MAIL: _____ **WORK CO & POSITION:** _____

MOM'S NAME: _____

ADDRESS: _____
Street City Zip

HOME #: _____ **MOBILE #:** _____ **WORK #:** _____

E-MAIL: _____ **WORK CO & POSITION:** _____

STEP PARENT INFO: Which parents do you live with?

NAME: _____

ADDRESS: _____
Street City Zip

HOME #: _____ **MOBILE #:** _____ **WORK #:** _____

E-MAIL: _____ **WORK CO & POSITION:** _____

NAME: _____

ADDRESS: _____
Street City Zip

HOME #: _____ **MOBILE #:** _____ **WORK #:** _____

E-MAIL: _____ **WORK CO & POSITION:** _____

Emergency contact if we could not reach you:

NAME: _____

HOME #: _____ **MOBILE #:** _____ **WORK #:** _____

Relationship: _____

Any medical information we need incase of emergency, e.g. allergy to bees & you have an epi pen or allergic to any medications?