

DANVERS YOUTH LACROSSE REGISTRATION

Player's Name: _____ Grade: _____

Player's Address: _____

Parents Names:

Parent's Address(es): _____
(if different from Player)

E-Mail Address #1: _____

E-Mail Address #2: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

IMPORTANT MEDICAL INFORMATION OR ALLERGIES:

Emergency Contact (if parent/guardian cannot be reached)

Name: _____ Phone: _____

Please list any parent/guardian who has had any experience playing the sport of lacrosse. _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____