



## 2019 Girls Lacrosse Registration Form

Date: \_\_\_\_\_

Player's Name \_\_\_\_\_

Player's Address \_\_\_\_\_

Player's Email \_\_\_\_\_

Player's Cell Phone # \_\_\_\_\_

Player's Grade \_\_\_\_\_ Player's Jersey Size (adult) \_\_\_\_\_ Sock Size \_\_\_\_\_

Does player have an athletic clearance Yes \_\_\_\_\_ NO \_\_\_\_\_

\*Players may not participate until they get cleared. Please see TVHS website for more information on this.

Father/Guardian Name \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Email Address \_\_\_\_\_

Cell phone # \_\_\_\_\_

**Please \*\* the e-mail address you would like us to use as the primary address for all correspondence from shutterfly and Glax board members.**

This information is used for the purpose of keeping everyone in the Girls Lacrosse Program informed.

Parent/Guardian Signature \_\_\_\_\_



