

Centennial Knights Lacrosse Club

Player Registration Form – Spring 2011

Please **PRINT LEGIBLY**

Participant's Name: _____

Locker # and Hall location _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Player's E-Mail: _____

Parent's E-Mail: _____

Birthdate: _____ Age: _____ Grade: _____

Parent/Guardians: _____

Address (if different from player): _____

Work Phone: _____

*******Emergency Information*******

Emergency Contact Name: _____ **Phone:** _____

_____ **I have private insurance.** _____ **Company**

_____ **Policy Number** _____ **Grp. Number**

OR

_____ **I have school insurance.** _____ **Policy #**

Parent Signature _____ **-Date** _____