

Centennial Knights Lacrosse Club

Player Registration Form – Spring 2009

Please **PRINT LEGIBLY**

Participant's Name: _____ Male ____ Female ____

If you are a returning Varsity Player – Your Jersey Number _____

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: _____

Parent/Guardian Signature

Date

Fee paid by check _____ or credit card _____.

Check # and amount _____