

**SUMMIT COUNTRY DAY YOUTH LACROSSE**

**Registration Form**

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list below **ALL** e-mail addresses to receive all notices.

Email address 1: \_\_\_\_\_

Email address 2: \_\_\_\_\_

Phone (**home and cell**): \_\_\_\_\_

Date-of-Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

\_\_\_\_\_

Lax Experience?: \_\_\_\_\_ Years Played \_\_\_\_\_ Positions Played \_\_\_\_\_

US Lacrosse #: \_\_\_\_\_

Uniform Size: (circle)    YS    YM    YL    AS    AM