



Registration Form

2010 Season

<http://www.santarosalacrosse.org>

MAIL FORMS & \$225 or \$60 DEP.

Deposits are non-refundable for established teams

TO: Santa Rosa Lacrosse Club

PO BOX 5496

Santa Rosa, CA 95402

General Information

Player Name _____ Birth Date _____ Grade _____

Address _____ City _____ Zip _____

Parent/Guardian Names _____

Home Phone _____ Parent Email _____

Parent Work Phone _____ Player Email _____

Parent Cell Phone _____ Other Phone/Email _____

School _____ US Lacrosse Number _____ Short/Jersey Size _____

Team: Boys Varsity Boys JV Boys U15 Boys U13 Boys U11

Parent Help

What help could you provide? Donation Team Parent/Organize Rides Coaching

Other _____

Medical Information

Medical Insurance Carrier _____ Policy # _____

Medical Conditions _____

Emergency Release Information

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry, or any other professional emergency medical personnel. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Guardian signature _____ Date _____

Emergency Contact Name _____ Phone _____