

PROVIDENCE CATHOLIC MEN'S LACROSSE 2018

PLAYER INFORMATION

Name:		Age:
Grad Year:	Twitter:	Cell Phone:
Current address:		
City:	State:	ZIP Code:
Email:		

FAMILY INFORMATION

Mother's Name:		Father's Name:
Family Address (if different than above):		
City:	State:	ZIP Code:
Mother's Cell Phone:	Mother's Email:	
Father's Cell Phone:	Father's Email:	
Parent Volunteer? (circle): Asst. Coach Game Clock Video Record Games Scorekeeper Team Parent Concessions Split The Pot		

EMERGENCY CONTACT (IF OTHER THAN PARENT)

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

MEDICAL INFORMATION

Allergies:
Medical Conditions:
INFO:

PLAYER EXPERIENCE

How Many Years Have You Played Lacrosse: <input type="checkbox"/> 5+ <input type="checkbox"/> 3-4 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> Never played but excited to learn	
Youth Team:	Current Club Team:
Primary Position: Attack Middie Defense LSM Goalie	Secondary Position: Attack Middie Defense LSM Goalie
Why do you want to join PC Lacrosse?:	
Personal Goals for the Season:	

KNOW ANY OTHER PC STUDENTS WE SHOULD CONTACT TO PLAY LACROSSE?

Name	Name
Name	Name

SIGNATURES

I am interested in playing lacrosse at Providence Catholic High School for the 2018 Season. I am committed to help build the lacrosse program by earnestly participating in meetings, practices, games, and activities associated with this Official IHSA Sport.

Player Signature:	Date:
Parent Signature:	Date: