

YORK BOYS LACROSSE CLUB

REGISTRATION

PLAYER INFORMATION

Last Name _____ Grade FR SOPH JR SR
First Name _____ Player Home Phone Number _____
Street _____ Player Cell Phone _____
City _____ State _____ Zip _____ Player E-Mail _____

PARENT INFORMATION

Fathers Name _____ Mother's Name _____
Father's E-Mail _____ Mother's Email _____
Father's Cell _____ Mother's Cell _____

EMERGENCY CONTACT

Contact Name _____ Relationship _____
Contact Phone 1 _____ Contact Phone 2 _____

MEDICAL INFORMATION

Physician's Name _____ Insurance Carrier _____
Physician's Phone _____ Policy # _____
Allergies _____
Serious Medical Conditions _____

FOR YLC

Registration: _____

Payment: _____

Liability Release: _____

Date: _____

Image Release: _____

Check #: _____

Payable to York Lacrosse Club

Physical: _____

IHSA Steroid Form: _____