



Black Dog Lacrosse Club

Summer Lacrosse Registration Form

Participant's Information

First Name: _____ Last Name: _____

Address: _____

Birth Date: _____ Spring Team: _____

Position(circle): A M D G

'09-'10 Grade(circle): K 1 2 3 4 5 6 7 8 9

How many years have you played lacrosse prior to this upcoming season? _____

Short Size: YS YM YL S M L XL XXL

Jersey Size: Youth XL Adult M Adult XL

Primary Parent/Guardian's Information

First Name: _____ Last Name: _____

Home Telephone: _____ Cell: _____ Text: Yes No

Email: _____ Relationship to Player: _____

Secondary Parent/Guardian's Information

First Name: _____ Last Name: _____

Home Telephone: _____ Cell: _____ Text: Yes No

Email: _____ Relationship to Player: _____

Primary Parent/Guardian's Signature & Date

Signature: _____ Date: _____