

COUGARS LACROSSE Player Sign-up

Please print clearly

Player's Last Name: _____ First Name: _____

Address: _____

Street Address

City

State

Zip

U.S. Lacrosse Membership # _____ **Exp. Date:** _____

Age: _____ Date of Birth: ____/____/____ Grade: _____ School _____

Address: _____ Zip Code: _____

Home Phone No: _____ Player's Cell No: _____

Player's e-mail: _____

Fathers Name: _____

Father's e-mail: _____ **Cell Phone #:** _____

Mother's Name: _____

Mother's e-mail: _____ **Cell Phone #** _____

Our primary means of communication is by e-mail! Please let us know immediately if your e-mail address changes! Thanks

Player Experience

Middle School: _____

Level of experience: None _____ 1 year _____ 2 or more years _____

Preferred Position (if known): _____