



Del Webb Lacrosse



Player Sign-Up Form

2012

Please print clearly

Player's Last Name: _____ First Name: _____

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

Address: _____

Home phone #: _____ Player Cell #: _____

*Email Address (PLAYER) _____

PARENT INFORMATION:

Mother

Name: _____

Cell #: _____

*Email: _____

Father

Name: _____

Cell #: _____

*Email: _____

***Current email address is extremely important as it is our principal means of communicating with parents and players.**

Del Webb Returning Player Yes No

Previous lacrosse experience (circle number of years): 0 1 2 3 4

Desired Jersey Size (Adult): Small Medium Large XL

Desired Shorts Size (Adult): Small Medium Large XL