



**Croatan High School Lacrosse Prospective Player Information Form**

Parent Name: \_\_\_\_\_ Willing to Volunteer? YES NO

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

***\*\*This is the primary contact information that will be used by Croatan Lacrosse staff.***

Player Name: \_\_\_\_\_ School Year \_\_\_\_\_  
*Last First MI Fresh, Soph, Jr, Sr*

Intend to try out for the following position(s): ATTACK MIDFIELDER LSM DEFENSEMAN GOALIE

Seasons played: 1 2 3 4 5 6 7 >7

U15 Eligible for 2015 (student is still 14 on 31 August 2014): YES NO