

Southington Lacrosse Association



P.O. Box 345, Southington, CT 06489

www.southingtonlacrosse.org

2015 PLAYER REGISTRATION FORM

Player Information

Name: _____ Date of Birth _____

Address: _____ School: _____

Town: _____ Zip: _____ Age: _____ Grade: _____

Returning Player: YES NO Add'l Family Member in League YES NO Sex: M___ F___

Email Address: _____

Primary Health Insurance Carrier: _____ Policy # _____

Parent(s) or Guardian(s) Emergency Contact Information

Mother _____ Phone (Home) _____ (Cell) _____

Father _____ Phone (Home) _____ (Cell) _____

Guardian _____ Phone (Home) _____ (Cell) _____

I give permission to my child to play lacrosse for the Southington Lacrosse Association ("SLA"). My child and I have read, understand and agree to fully adhere to all the terms and conditions of the SLA Membership Agreement, the CT Valley Youth Lacrosse, Inc. and SLA Code of Conduct and the U.S. Lacrosse Data Transfer Agreement. **PLAYER MUST HAVE A VALID USLAX MEMBERSHIP THROUGH THE END OF OUR SEASON (THROUGH 7/1/2015)**

Parent Signature: _____ Date: _____

I would be interested in coaching or helping with the program. (circle one) YES NO

FOR LEAGUE USE ONLY

Registration Fee: \$ _____ Family Discount YES NO Total Payment: \$ _____

CASH CHECK # _____ CREDIT CARD (MC VISA DISCOVER)

Name on card: _____ CARD # _____

EXP DATE: ___ / ___ / ___ Contact phone # _____ Billing Zip Code _____

Additional Comments: _____