



Wallingford Lacrosse Registration

US Lacrosse number _____

Name _____ Date of Birth _____

Address _____

Town/City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Player's Primary Medical Insurance Carrier _____

Policy Number _____

Player's Signature _____

Parent or Guardian's Signature _____

Date _____

School currently attending:

Lyman Hall Sheehan Other _____

Fee for 2010 season is \$125. Membership in US Lacrosse is not included. Membership in US Lacrosse is mandatory through June 15, 2010. Proof of membership (copy of US lacrosse registration) must accompany this registration.

Checks can be made out to: **Wallingford Lacrosse Club**

Please read and return the Code of Conduct with this registration form.

I have read and agree with the code of conduct for the Wallingford Lacrosse Club

Player's
Signature _____

Parent or Guardian's
Signature _____