



**St. Charles High School Lacrosse Club**  
**2012 Registration & Medical Information/Emergency Release REVISED**

<b>Player Information</b>				<input type="checkbox"/> New	<input type="checkbox"/> Returning
<b>Last Name:</b>				<b>Home Phone #:</b>	
<b>First Name:</b>				<b>Cell Phone #:</b>	
<b>Address:</b>				<b>Email:</b>	
<b>City:</b>		<b>Zip</b>		<b>Class:</b> FR SO JR SR <input type="checkbox"/> ID <input type="checkbox"/>	
<b>Parent (s) / Guardian Information</b>					
<b>Name:</b>				<b>Name:</b>	
<b>Cell Phone #:</b>				<b>Cell Phone #:</b>	
<b>Email:</b>				<b>Email:</b>	
<b>Emergency Contact Information</b>					
<b>Name:</b>				<b>Phone:</b>	
<b>Medical Information</b>					
<b>Medical Insurance Co:</b>				<b>Subscriber Name:</b>	
<b>Physician Name:</b>				<b>Group/Policy #:</b>	
<b>Physician Phone #:</b>					
<b>I (please circle) have/do not have allergies;</b>					
<b>Player Allergies &amp; Health Conditions (please list):</b>					
I (please circle) have/do not have a pre-existing or recent medical condition the club should be aware of, such as diabetes, a recent injury (i.e., concussion), etc.					
My condition (if any) is:					
I, _____, the parent or guardian of player _____, do hereby give permission for my son to receive emergency medical treatment in the event of an injury. I further give permission for the St. Charles High School Lacrosse Club officials to authorize emergency transportation to the nearest trauma center or emergency room for such treatment.					
<b>Signed:</b>		<b>Date:</b>			
<b>Fees</b>					
Club Fees (Boys Fee \$550; Girls Fee \$500 - includes Fundraiser Tickets of \$100)					
Sponsorship - the Club appreciates donations. We are a 501c(3) not-for-profit organization, so donations are tax-deductible)					
				<b>Total</b>	
				<b>Less Payment (\$220 min)</b>	
				<b>Balance Due by Feb 14, 2012</b>	
<input type="checkbox"/> I will send a check payable to the St Charles Lacrosse Club, PO Box 83, St Charles, IL 60174.					
<input type="checkbox"/> I authorize the Club to charge the remaining balance to the credit card below. My signature below confirms my authorization					
<b>Payment method:</b>		<input type="checkbox"/> Check #		<input type="checkbox"/> Credit Card*	
<b>Credit Card #</b>		<b>Expiry:</b>		<b>Card Type:</b>	
<b>Name on Card:</b>					
<b>Cardholder Signature:</b>					

**\*Please note a 3% convenience fee will be charged for credit card payments**