



St Charles High School Boys Lacrosse Club 2007 Registration Form

PLAYER'S INFORMATION

Last Name _____ Home Tel _____
 First /M.I. _____ Cell _____
 Address _____ Email _____
 _____ School (circle) StC East / StC North
 City _____ ZIP _____ Class of 20 _____ ID: _____

Each Club player must have an athletic physical and code of conduct on file with his school's Activity Office. *Please check the appropriate statement:*

- This player **has participated** in an interscholastic sport or activity this school year and **has** a valid athletic physical and code of conduct on file for the following sport/activity: _____.
- This player **has not participated** in an interscholastic sport or activity this school year and **does not have** an athletic physical and code of conduct on file. A photocopy of the valid physical is attached.

PARENT/S OR GUARDIAN/S INFO

Father _____ Mother _____
 Day Tel. _____ Day Tel. _____
 Cell Tel. _____ Cell Tel. _____
 Email _____ Email _____

EMERGENCY CONTACTS

Name _____ Name _____
 Day Tel. _____ Day Tel. _____
 Cell Tel. _____ Cell Tel. _____