



St Charles High School Boys Lacrosse Club 2010 Registration Form

PLAYER'S INFORMATION

Last Name_____	Home Tel_____
First /M.I._____	PLAYER Cell_____
Address_____	PLAYER email_____
_____	School (circle) StC East / StC North
City_____ ZIP_____	Class of 20____ ID: _____

TEXT ALERTS This season, the Club again uses a text messaging service to alert players and parents to last-minute schedule changes. Your provider's texting rates apply. Please indicate here the cell numbers to which these texts will be sent:

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:*

I HAVE A VALID ATHLETIC PHYSICAL ON FILE (I am a first-year D303 student OR I attended the D303 athletic physical event in June 2009)

I HAVE A VALID ATHLETIC PHYSICAL AND CODE OF CONDUCT ON FILE (I have participated in a 2009-10 interscholastic sport or activity).

I DO NOT HAVE A PHYSICAL ON FILE. I have attached a copy with this registration.

I DO NOT HAVE A PHYSICAL ON FILE. I will furnish a valid copy **by Feb. 15, 2010.**

PARENT/S OR GUARDIAN/S INFO

Father_____	Mother_____
Day Tel._____	Day Tel._____
Cell Tel._____	Cell Tel._____
Email_____	Email_____

EMERGENCY CONTACT (other than parent/s or guardian/s)

Name_____ Cell Tel._____