



2010 Registration

Player Information:	
Name: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Grade: _____	School: _____
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____
Email: _____	

Father / Guardian Information	
Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____
Email: _____	

Mother / Guardian Information	
Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____
Email: _____	

I, the undersigned, understand that the registration fee for Cougar Lacrosse is \$150.00. Furthermore, I understand that it is non-refundable, if a team exists for my child, regardless of whether or not my child plays. I understand that there is no guarantee of playing time for my child at the high school level. I understand that a medical release must be signed by me prior to my child's participation in any Cougar Lacrosse sanctioned event, including, but not limited to, practice, games, and tournaments.

Parent/Guardian Signature: _____ **Date:** _____