



2008 - REGISTRATION FORM

www.wclacrosseleague.com

NOTE - ALL FIELDS MUST BE COMPLETED OR FORM WILL BE RETURNED

Mail to: WCLL, 927 Thorne Drive West Chester, PA 19382

NAME: (PLEASE PRINT) (FIRST) (LAST) BIRTH DATE: (MONTH) / (DAY) / (YEAR)

IMPORTANT PLEASE PROVIDE AT LEAST ONE E-MAIL ADDRESS. (YOU MAY PROVIDE MORE THAN ONE.) PLEASE PRINT CLEARLY!!!

ADDRESS: (STREET) (CITY) (ZIP CODE)

PHONE: PARENT(S) NAME(S):

SCHOOL: GRADE: (MUST RESIDE IN THE WEST CHESTER AREA SCHOOL DISTRICT)

MEDICAL INSURANCE: (REQUIRED - FORM WILL BE RETURNED IF NOT PROVIDED) (COMPANY NAME) (POLICY #)

HEIGHT: (FEET/INCHES) # LAX seasons played:

WEIGHT: (LBS.) Favorite position:

DIVISION: U-15 (BIRTH YEARS 1993 & 1994) U-13 (BIRTH YEARS 1995 & 1996) U-11 & U-9 (BIRTH YEARS 1997 & LATER)

NOTE: YOU MAY PLAY "UP" A DIVISION IF YOU ARE IN 5TH OR 7TH GRADE.

OTHER SPORTS YOU WILL PLAY THIS SPRING: (VERY IMPORTANT; THIS INFORMATION IS USED TO BALANCE THE TEAMS)

NEW PLAYERS ONLY: Proof of Date of Birth

Birth certificate, passport or some other official verification of birth date (please provide a photocopy that can be kept on file).

No new player will be registered without this information.

NOTE CHANGE \$140.00 U13 & \$U15, (PER PLAYER) \$125.00 U11 & U9

FEES: \$100.00 (PER ADDITIONAL PLAYER IN SAME FAMILY)

\$25.00 (LATE FEE PER FAMILY IF REGISTRATION(S) RECEIVED AFTER JANUARY 31, 2008)

TOTAL: (MAKE CHECKS PAYABLE TO WCLL)

I agree to permit the above to participate in the West Chester Lacrosse League. He is in sound physical health and is physically able to play lacrosse. Recognizing the possibility of physical injury, I release, discharge and/or indemnify the coaches, referees, league managers, sponsors and field/facility owners against any claim by or on behalf of the registrant as a result of the registrant's participation in the WCLL program.

Signature of parent or legal guardian: Date: