



BOYS - 2010 - REGISTRATION FORM

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

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

www.wclacrosseleague.com

NAME: _____ BIRTH DATE: _____ / _____ / _____
(PLEASE PRINT) (FIRST) (LAST) (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 #)

LAX seasons Played: _____ Favorite position: _____

DIVISION: **U15** _____ **U13** _____
(BIRTH YEARS 1995 & 1996) (BIRTH YEARS 1997&1998)
U11 TRAVEL _____ **Instructional** _____ **U11** _____ **U9** _____
(BIRTH YEARS 1999 & 2000) (1999 & 2000) (2001 & later)

**NOTE: YOU MAY PLAY "UP" A DIVISION IF YOU ARE IN 5TH OR 7TH GRADE.
YOU MAY NOT PLAY DOWN.**

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

\$250.00 TRAVEL U11, U13 & U15, \$175.00 INSTRUCTIONAL U9 & U11
(PER PLAYER)

FEES: **\$225.00 TRAVEL** _____ **\$150.00 INSTRUCTIONAL** _____
(PER ADDITIONAL PLAYER IN SAME FAMILY) (PER ADDITIONAL PLAYER IN SAME FAMILY)

\$25.00 _____
(LATE FEE PER FAMILY IF REGISTRATION(S) RECEIVED AFTER **JANUARY 31, 2010**)

TOTAL: _____

(MAKE CHECKS PAYABLE TO West Chester Lacrosse)

I agree to permit the above to participate in West Chester Lacrosse. 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 WCLax program.

Signature of parent or legal guardian: _____ Date: _____