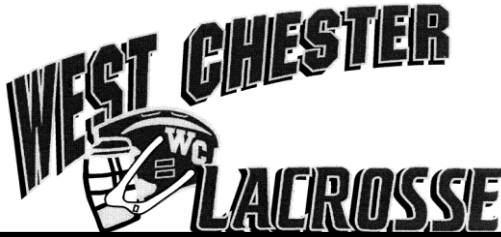


BOYS - 2010 – REGISTRATION FORM

NOTE – ALL FORMS MUST BE COMPLETED OR
FORM WILL BE RETURNED

Mail to: Glenn M. White Blders., 4 Zachary Dr.
West Chester, PA 19382

www.wclacrosseleague.com



2010 CAMP REGISTRATION

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:** _____

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

FEES: \$ 50 JUNIOR AGE GROUP (K, 1ST, 2ND, 3RD & 4TH) _____
(PER PLAYER)
\$ 60 SENIOR AGE GROUP (5TH, 6TH, & 7TH) _____
(PER PLAYER)

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:** _____