

Fundamental Skills Lacrosse Clinic Registration Form

(bring this registration form with you to the clinic)

Child's Name _____

Age _____

Address: _____

Level of Experience (circle one): Beginner Intermediate

Emergency Contact:

Name: _____

Phone Number: _____

Allergies: _____

Gently used or new gear donated:

Parent or Guardian Signature: _____

Parent or Guardian Phone Number: _____