

Girlsâ€™™ Lacrosse Team Participation Form

Player Information

Full Name

Date of Birth

Address

Grade

School Name

Player Email

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Parent Email

Emergency Contact

Emergency Contact Name

Emergency Phone Number

Relationship

Medical Information

Allergies/Medical Conditions

Physician Name

Physician Phone

Consent & Agreement

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Photo/Video Permission



Medical Treatment Authorization



Participation Agreement Parent/Guardian Signature

Date