



FALCONS Lacrosse Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Proof Of Residency: \_\_\_\_\_

Grade in September 2011/2012: \_\_\_\_\_ School Name: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Position (Circle One):    Attack                      Mid-Field                      Defense                      Goalie

I, undersigned Parent/Guardian give my child permission to play in the Falcons Lacrosse Program. US Lacrosse Organization is the insurance carrier - membership is strongly recommended.

\_\_\_\_\_  
Parent of Guardian Signature

\_\_\_\_\_  
Date

Fee is \$65. Payment must be made in full by January 15, 2012.

Checks are made payable to: SADDLE BROOK JR. LACROSSE

Additional information available at: <http://eteamz.active.com/sblacrosse>

Email questions or concerns to: [sbjrlacrosse@hotmail.com](mailto:sbjrlacrosse@hotmail.com)