



2017 - Rockford Lax Club Team
REGISTRATION FORM

Player Name: _____

Date of Birth: _____

School: _____

Grade: _____

Height: _____ Weight: _____

Years of Experience: _____

Player Email: _____

Player Cell: _____

Guardian 1 Name: _____

Guardian 1 Phone #: _____

Guardian 1 Email: _____

Guardian 1 Phone #2: _____

Guardian 1 Name: _____

Guardian 1 Phone #: _____

Guardian 1 Email: _____

Guardian 1 Phone #2: _____

**** MEDICAL INSURANCE, US LACROSSE MEMBERSHIP AND CLUB WAIVER ARE REQUIRED ****

Medical Insurance Carrier: _____

Policy #: _____

* US Lacrosse Membership #: _____ Expiration: _____

Join at www.uslacrosse.org

Guardian Printed Name: _____

Guardian Signature: _____

Date: _____

Team Fees*: 3rd-4th Grade-\$150 - All Other Levels-\$200

Refundable Uniform Deposit: \$25 Youth Teams - \$75 High School Teams

Drop off All Registration Forms and Payment to:

Reno & Zahm, 2902 McFarland Rd, #400 or

Mail to: Robert White, 1708 Oxford Street, Rockford, IL 61103

Checks Payable to: Rockford Lax

*** Financial Assistance may be available. Please Contact a Board Member for Details**

Office Use Only:

US Lacrosse	Insurance	Waivers	Payment	Deposit	Jerseys	Equipment