

**DEER PARK LACROSSE CLUB CAMP
REGISTRATION FORM**

PLEASE FILL OUT AND RETURN ALONG WITH PAYMENT

PLAYER INFORMATION					
Player's last name:		First:	Middle:	Parents Name:	
Is this your first camp? <input type="radio"/> Yes <input checked="" type="radio"/> No	Position:	Jersey # (list 3 choice): <div style="text-align: center; border: 1px solid black; padding: 2px;">N/A</div>		Birth date:	Age:
Sex: <input checked="" type="radio"/> M <input type="radio"/> F					
Address:					
Current High School.:		Parent phone no.:		Player phone no.:	
Graduation Year:		Parent email:		Player email.:	
Referred to this team by (Please choose one option):					
<input type="radio"/> Coach Curcio <input type="radio"/> Other Person- (Print name →)					
Other family members that play lacrosse (name/email/age):					
IN CASE OF EMERGENCY					
Name of local family or friend:			Relationship to player:	Home phone no.:	Work phone no.:
_____ Patient/Guardian signature			_____ Date		
_____ Player signature			_____ Date		

Cash or check should be made payable for \$100 to **DEER PARK LACROSSE CLUB**

Mail to: 23 Monmouth St

Deer Park, NY 11729