

# EIAA

## Boys Youth Lacrosse

### Learn To Play Clinic

### Registration Form

Date: \_\_\_\_\_

Players Name: \_\_\_\_\_

Players Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Played Before:  Yes  No      Need Stick:  Yes  No

Please return registration and the medical waiver to: [marizzo1954@gmail.com](mailto:marizzo1954@gmail.com)