

## **OZAUKEE HIGH SCHOOL LACROSSE SPRING REGISTRATION FORM**

All registered participants including players at ALL levels and coaches are required to show proof of current US Lacrosse membership (ID # and expiration date) in order to complete the registration form below and be cleared to participate in any practices or games (this is the "written requirement of proof of membership").

**Please complete one form per player**

### **PLAYER INFORMATION:**

First Name: \* \_\_\_\_\_

Last Name: \* \_\_\_\_\_

Birthdate: \* \_\_\_\_\_

Gender: \* \_\_\_\_\_

Grade: [as of **2011-2012** school year] \* \_\_\_\_\_

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

City: \* \_\_\_\_\_

Zip Code: \* \_\_\_\_\_

New or returning to OZLAX? \* \_\_\_\_\_

Valid US Lacrosse Membership #: \_\_\_\_\_ exp date: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION:**

#### **Parent [1]**

First Name: \* \_\_\_\_\_ Relationship [ie. Mother, Father]: \* \_\_\_\_\_

Last Name: \* \_\_\_\_\_

Home Phone: \* \_\_\_\_\_

Cell Phone: \* \_\_\_\_\_

Primary Email: \* \_\_\_\_\_

#### **Parent [2]**

First Name: \* \_\_\_\_\_ Relationship [ie. Mother, Father]: \* \_\_\_\_\_

Last Name: \* \_\_\_\_\_

Home Phone: \* \_\_\_\_\_

Cell Phone: \* \_\_\_\_\_

Primary Email: \* \_\_\_\_\_

**PLAYER EMERGENCY CONTACT INFORMATION:**

**Parent [1]**

Emergency Contact: \* \_\_\_\_\_

Emergency Contact Relationship [ie. Grandparent, Aunt]: \* \_\_\_\_\_

Emergency Contact Phone [ie. 234-555-3456]: \* \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's phone [ie. 234-555-3456]: \_\_\_\_\_

Medical Comments [ie. Allergies, special meds, concerns etc.]: \_\_\_\_\_

**PAYMENT INFORMATION**

**\*Select one payment option:**

**Paid in full**

**2 Installments- 1/2 due now; Balance due March 1st**

**Junior Varsity- High School** \_\_\_\_\_ **\$350.00** per player- **Players keep Home & Away Jersey; Game shorts and Practice pinnie end of season.**

\*Returning players will pay a reduced registration fee the following year assuming they have their uniforms and pinnies from the previous season.

**\*Jersey sizes will be taken at a later time and numbers will be issued based on order of registration.**

**Equipment Rental-** check box if interested as [limited sets are available on a first come, first serve basis.](#) We will set a date and time for rental distribution and fitting- TBD.

**MULTI-PLAYER DISCOUNT:** \$25 family discount for each additional player registered in family

**\*REFUND POLICY:** Refund requests must be received by March 11<sup>th</sup>- Registration fee is 100% refundable only within the first 2 weeks of the start of the first practice.

Mail all completed forms with payment to:

**Ozaukee Lacrosse**

**N44 W7230 West Pointe Street**

**Cedarburg, Wisconsin 53012**