

COLERAIN LACROSSE CLUB

Clippard Family YMCA
8920 Cheviot Rd.
Cincinnati, OH 45251
513-923-4466 MyY.org

PLAYER INFORMATION REGISTRATION FORM

Player's Name _____

Address _____

City _____ State _____ Zip _____

Birth date _____ Age _____ Phone _____

Gender _____ School _____ Grade _____

(must attend a Hamilton County School that does not offer Lacrosse)

Email _____ Jersey Info _____

Youth or Adult (circle one of each)	List Top Three Jersey #s:
Male Shirt : S/M L/XL 2XL	_____
Female Shirt: S M L XL	_____
Female Skirt: S M L XL	_____

Cell phone (If player has one) _____

Parent/Guardian Name (First and Last) _____

Email _____ Cell Phone _____

Interested in? (Circle) Fundraising Concessions Admissions Other

Parent/Guardian Name (First and Last) _____

Email _____ Cell Phone _____

Interested in? (Circle) Fundraising Concessions Admissions Other

Coaches Call Contact information: (phone and email to be used to receive up to date Club information re: game changes, direction updates and any other timely information).

First Phone number: _____

Second Phone number: _____

Email address: _____

Additional Information Helpful to the Club: _____

(Front)