

# Washington State Girls Winter Lacrosse Sessions - Registration Form - 2009/2010

1) - Players Name / Parents Names:

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2) - Home Address/E-Mail :

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3) - Home phone/ cell numbers:

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4) - School/Club Team:

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5) - Date of Birth:

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6) - US Lacrosse # (if no number, leave blank)

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7) - Health Insurance name and policy#

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8) - Please list any allergies or medications player is currently taking:

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9) Please list any injuries that the coach should be aware of:

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10) - Please list an Emergency Contact Name and Number:

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Parent/Guardian: I \_\_\_\_\_, give permission for my

Daughter \_\_\_\_\_, to participate in the  
2009/2010 Washington State Girls Winter Lacrosse Sessions.

Session 1 - 5 weeks - Dec 6<sup>th</sup> - Jan 17<sup>th</sup> -

Session 2 - 5 weeks - Jan 24<sup>th</sup> - Feb 28<sup>th</sup>

**Cost per session: - \$80.00**

**Cost for both sessions - \$150.00**

Check made out to: T.Tommila

Parent Signature:\_\_\_\_\_

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

**Please Mail completed Registration Forms and  
payment to: Winter Lacrosse - 440 Robinwood  
Drive NE, Bainbridge Island, WA 98110**