

HAYLO REGISTRATION FORM

Player Information:

Name: _____ DOB: _____

Address: _____ Phone: _____

Current grade: _____ School _____ Years of experience: _____

Clothing sizes: shirt _____ shorts _____

Parent Information:

Parent's name(s) _____

Contact phone # _____ (days) _____ (nights)

Email address: _____

Emergency Information:

Doctor's name: _____ phone: _____

Insurance carrier: _____ policy # _____

Policy holder's name: _____

Emergency contact: _____ relationship _____ phone _____

Emergency contact: _____ relationship _____ phone _____

Medical Information:

Does your child have any ailments/allergies/conditions that may affect his/her activity or playing ability? If so, please explain:

Approval:

I give my child, _____, permission to participate in the Hilton Area Youth Lacrosse Organization and become a player on a HAYLO team.

Signed: _____ Date: _____