

H-H HAWKS LACROSSE

Hatboro-Horsham Hawks Lacrosse 2009 Registration

Registrant Information

Registrant's Name: _____

Registrant's Date of Birth: _____ Registrant's School: _____

Medical or Physical Conditions: _____

Pinnie/Jersey Size: S - M - L / AS - AM - AL - AXL Preferred Position: _____

Insurance Policy:
Company: _____ Policy No.: _____

Emergency Contact: _____ Emergency No.: _____

U.S. Lacrosse Membership Number: _____ Expiration Date: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Primary Address: _____

Home Phone No.: _____ Primary Mobile No.: _____

Primary Email Address: _____

Your Role as a HHYAA Hawks Lacrosse Volunteer

The success of this program is based on your volunteer assistance. Please complete the volunteer section below.
(Volunteer Roles: Snack Stand/Time Keeper/Announcer/Team Parent/Team Statician)

Volunteer's Name: _____

Volunteer Role: _____

Registration Fee:		
Grades 2-4 (Young Guns)	\$ 90.00 (per child)	\$ _____
Grades 5-8	\$125.00 (per child)	\$ _____
Discount:	\$10.00 for each addt'l child (-)	\$ _____
TOTAL DUE:		\$ _____

Please make checks payable to: **Hatboro-Horsham Hawks Lacrosse**

Hawks Lax Representative: _____ Cash/Money Order/Check # _____

