

**WARRIORS LACROSSE PLAYER ENROLLMENT**

**Participating Schools: Waverly Community Schools,**

**Lansing Catholic, local Lansing area Catholic middle schools and Lansing Christian**

## **PLAYER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Player Name** |  | **Date of Birth** |  **Male/Female** |
| **School** |  | **Grade** |  |
| **Address/City** |  | **Player Phone** |  |

## **PARENT INFORMATION**

|  |  |
| --- | --- |
| **Parent 1 Name** | **Email**  |
| **Primary Phone** | **Secondary Phone** |
|  |  |
| **Parent 2 Name** | **Email** |
| **Primary Phone** | **Secondary Phone** |

## **FOR CLUB USE ONLY (CIRCLE APPLICABLE)**

|  |  |
| --- | --- |
| **Student Athlete Information**  | **Yes No** |
| **Insurance Information**  | **Yes No** |
| **Driver Information**  | **Yes No** |
| **Player Waiver** | **Yes No** |
| **School Concussion Form** | **On File Attached No** |
| **Physical** | **On File Attached No** |
| **Amount Paid: $200 $120 $100 $75 or Other\_\_\_\_\_\_****Checks Payable to WLCC INC**  | **Cash Check/MO #\_\_\_\_\_\_\_\_\_\_ Credit/Debit** **Partial Payment Multiplayer Discount** |
| **Returning Player** | **Yes No** |

**Comments**