

Franklin Arrows Girls Lacrosse Player Information

(Please print clearly)

Player's Name:

Date of Birth:

Player's Cell Phone Number:

Grade:

US Lacrosse Number:

Expiration Date:

Years of Lacrosse Experience:

Dominant Hand:

Position: Any/Unknown, Attack, Defense, Goalie,

Name of School:

Parent's Names:

E-mail Address:

Street Address:

Home Phone Number:

Mother's Cell Phone:

Work Phone Number:

Father's Cell Phone:

Work Phone Number:

Please Add any information you would like the Coach to be aware of?

(i.e. medical conditions, etc.)

Parent Signature: _____ Date: _____