

Independence HS Lacrosse

Athlete Name: _____ Grade: _____

Student #: _____ Male / Female Email: _____

Home Phone: _____ Cell: _____

Address: _____

Do you play a Fall Sport? _____ If so, what sport? _____

Previous Lax Experience?: YES NO Positions Played: _____

Parent(s) or Guardians:

1. _____

Email: _____

Home Phone: _____ Cell: _____

Address (*if different from athlete*) _____

2. _____

Email: _____

Home Phone: _____ Cell: _____

Address (*if different from athlete*) _____

Email completed forms to:
Sandy Barnett - Volunteer Administrator /Independence Lacrosse
sandybarnett442@gmail.com
704-491-9897