



Boys	Girls
<input type="checkbox"/>	<input type="checkbox"/>

## Bishop Feehan Lacrosse Team Registration - 2016

<b>Personal Information</b>	
Student's full name (first, middle, last)	
Home address - street	
City, State, Zip Code	
Grade	
Birthday (MM/DD/YYYY)	
<b>Contact Information</b>	
Student's home phone	
Student's email address	
Student's cell phone	
Parent's email address <i>(parent who you want to receive any lacrosse email messages)</i>	
Parent's cell phone <i>(parent most likely to have access to their cell phone during lacrosse sessions)</i>	
<b>Emergency and Medical Information</b>	
In case of emergency, contact	
Emergency contact's phone	
Doctor's name	
Doctor's phone	
Medical insurance carrier and member #	
Known medical conditions	
<b>Prior Lacrosse Experience</b>	
Number of years prior experience	
League/Town where you played	
Positions for which you have experience	
Position in which you are most skilled	
2015-2016 off-season lacrosse activities	

I permit my child to participate in lacrosse, and consent to the coaches contacting us via email and telephone. I also certify that this child has been certified physically fit by a licensed physician. I am aware of the rules and policies of the BFHS *Student Handbook* and agree to hold BFHS and its agents blameless for all injuries or illnesses during participation. I grant BFHS and its agents my permission to seek emergency medical attention for this child if, in their judgment, such attention is warranted and I am not immediately available to grant such permission.

PARENT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_