



2014 Fall Registration Form

Player Name: _____

Age: _____ Grade: _____ Birthdate: _____

School attending: _____

SBISD High School zoned to: _____

Team played for spring 2014 (if applicable): _____

Contact email: _____

Contact phone: _____

US Lacrosse number (visit US Lacrosse web site if needed): _____

US Lacrosse number expiration date (must be valid past 1/3/15)

Emergency contact name: _____ Cell: _____

Emergency contact #2: _____ Cell: _____

Insurance carrier and policy #: _____

To register mail this form and a check for \$200 payable to Memorial Knights to:

Christyn Whitney
25 Valley Forge Drive
Houston, TX 77024

OR

Bring form and payment to
first practice Oct. 12