



# Waverly-Lansing Catholic Waverly-St Gerard Lacrosse Team



## Player/Parent Contact Information

### Player Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm / dd / yyyy)

Address: \_\_\_\_\_  
Primary

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home (if different) \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home (if different) \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_