



Homestead Lacrosse

23-2024 Season | Athlete Registration Form

ATHLETE INFORMATION – INFO ABOUT YOU

NAME					DATE OF BIRTH		
	last, first, and middle initial					dd/mm/yyyy	
PRIMARY HOME ADDRESS					MOBILE		
	street address with suite#, city, state, zip					xxx-xxx-xxxx	
EMAIL							
ATHLETE HEIGHT			ATHLETE WEIGHT		HIGH SCHOOL GRADUATION YEAR		
	feet	inches		pounds			
USA LACROSSE MEMBERSHIP		USA LACROSSE #				EXPIRATION DATE	
							dd/mm/yyyy

Indiana High School Lacrosse Association requires all high school lacrosse athletes to have a USA Lacrosse Membership. Annual renewal with fee is required. apply/renew @ www.usalacrosse.com

PARENT CONTACT INFORMATION

PARENT/GUARDIAN 1							
NAME					MOBILE		
	last, first, and middle initial					xxx-xxx-xxxx	
ADDRESS (not required if same as primary)					ADDRESS SAME AS PRIMARY (YES OR NO)?		
	street address with suite#, city, state, zip						
EMAIL							
PARENT/GUARDIAN 2							
NAME					MOBILE		
	last, first, and middle initial					xxx-xxx-xxxx	
ADDRESS (not required if same as primary)					ADDRESS SAME AS PRIMARY (YES OR NO)?		
	street address with suite#, city, state, zip						
EMAIL							



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LACROSSE INFORMATION – ATHLETE INFO

NEW TO THE SPORT?			
IF 1 ST YEAR PLAYING, WERE YOU REFERRED BY A CURRENT TEAM ATHLETE (X, APPLICABLE BOX)?	Yes?		No?
IF YES, PROVIDE ATHLETE FIRST & LAST NAME			
DO YOU CURRENTLY OWN A LACROSSE HELMET (X, APPLICABLE BOX)? IF NO, A COACH OR EQUIPMENT MANAGER WILL REACH OUT.	Yes?		No?
INTERESTED IN PARTICIPATING IN 1 ST YEAR GEAR PROGRAM (X, APPLICABLE BOX)? IF YES, A COACH OR EQUIPMENT MANAGER WILL REACH OUT.	Yes?		No?

PREVIOUSLY PLAYED THE SPORT OR RETURNING ATHLETE?			
HOW LONG HAVE YOU BEEN PLAYING LACROSSE?		years	
WHAT POSITION(S) DO YOU CURRENTLY PLAY (X ALL APPLICABLE BOXES)			
Attack		Defense	
Midfield		Long Stick Midfield (LSM)	
		Goalie	
		Don't know	