

Lady Dragons Lacrosse Booster Club
Collierville High School
1101 New Byhalia Road
Collierville, TN 38017
laxgirlschs@gmail.com



PLAYER REGISTRATION FORM

Player Name: _____
Last First Mi

Birth Date ____/____/____

Address _____
Street City State Zip Code

Cell: _____ Email: _____

Grade: _____

US Lacrosse Number: # _____ Expiration date: _____

Previously played? Yes _____ No _____

If yes, previous position played: _____ Preferred position: _____

Parent or Guardian Contact Information

Parent or Guardian 1

Name _____ Cell Phone: _____

Email: _____ Home phone: _____

Parent or Guardian 2

Name _____ Cell Phone: _____

Email: _____ Home phone: _____

All players will need to be registered in SportsWare Online prior to the first practice.

All players must have a current physical turned in or already have one on file with CHS.