New Bern Police department
PAL Youth Lacrosse Registration Application

Please complete this Youth Lacrosse registration form carefully to make sure it is up to date and fill in all information. Coaches use this form to contact parents in case of injury/sickness during practice or games.

Shirt Size (Adult sizes only) S M L XL XXL Shorts Size (Youth sizes only) S M L XL XXL

PLAYER Name: _____ Grade: _____

Date of Birth: _____ Parent or Guardian: _____

Email: _____

(Mom) Home Phone: _____ Work Phone: _____ Cell Phone: _____

(Dad) Home Phone: _____ Work Phone: _____ Cell Phone: _____
Home Address: _____

Medical Information Please provide us with any additional information that will help us provide the best possible experience for your child (i.e. asthma, puffers, allergies, physical or emotional concerns)

Secondary Contact Information

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Registration Fee: