



Organized Recreation & Athletics Division
**HIGH SCHOOL FALL GIRLS LACROSSE
REGISTRATION FORM**

1 Harry S Truman Parkway
Annapolis, MD 21401
410.222.7865
Fax: 410.222.4120

Mail completed form and payment to: A.A. County Recreation & Parks, 1 Harry S Truman Parkway,
MS 3225, Annapolis, MD 21401 Attn: Sports Desk

Sport: **High School League Girls Lax** Season: SPRING Program Year: **2024**

LEAGUE REGISTRATION AND FEES: (PLEASE INDICATE)

HS Individual Player: \$110 per player

PARTICIPANT INFORMATION

Participant Name: _____
Street Address: _____
City/State/Zip: _____ Player Phone: _____
Email Address: _____ Grade: _____
High School Attending: _____ Date of Birth: _____ Age: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____

POSITION INFORMATION:

Goalie: ___ Yes ___ No *If yes you MUST have equipment* _____

Position: _____

Skill Level: ___ Beginner ___ Intermediate ___ Advanced
PLEASE INDICATE ONE

TEAM INFORMATION: If you request to play for a particular team or with a particular person please indicate this below. **If no indication you will be placed on the 1st available team.**

OFFICE USE ONLY

FEE PAID: _____ CHECK #: _____ RECPT #: _____