



LADY IRISH LACROSSE
Tryout Registration 2007

Name: _____

Class: _____ Birth Date: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Parents' Names: _____

Mom's work number: _____ Dad's work number: _____

Email: _____ (not Cathedral email address)

Parent's email: _____

Emergency Name and Number: _____

Locker Number: _____

Number of Years Experience Playing Lacrosse: _____

Why do you want to play LAX with CHS? _____

Are you playing another sport? If so, which sport? _____

Do you have an physical and HEPA form on file with the athletic office? ____yes ____no
If not, please do so before Feb. 1, 2007

Please return to :

Shirley Gordon
6737 Dover Road
Indianapolis, IN 46220

Or at the CHS front desk.

Deadline is February 1, 2007