

FAIRMONT FREEZE LACROSSE CLUB
2012 Registration

Player Name _____

School _____ Grade _____

Guardian Name(s) _____

Guardian E-mail _____ Phone _____

Fairmont Freeze Lacrosse is open to all 6th, 7th and 8th grade boys in Marion County. By returning this document you are committing to assisting Fairmont Freeze Lacrosse in growing the sport of lacrosse in our area. This document serves as your agreement to assist with fundraisers and take part in team activities. You agree that your child will be on time and in attendance for all practices and games, unless prior notification is given to team management. In addition you are agreeing to reinforce the good sportsmanship, high expectations and the competitive spirit instilled by all representatives of Fairmont Freeze Lacrosse.

Guardian Signature _____ Date _____

Please mail this form, by Friday January 13th, along with your registration fee of \$35.00 to;
Fairmont Freeze Lacrosse
105 Highland Drive
Fairmont, WV 26554
(checks payable to "Fairmont Middle Lacrosse")

Contact, Coach Tony Stingo, with any questions or concerns;
304-222-9064 tonystingo@gmail.com