

MCHS LACROSSE PLAYER / PARENT INFORMATION SHEET 2021

Player's Name _____ Grade _____ Years Played: _____

Previous Jersey Number _____ Position _____ Returning V or JV? _____

Street Address _____

City _____ Zip _____ Home Phone # _____

Player Cell Phone # _____ Player Email _____

Mother/Guardian Name _____

Email _____ Cell phone# _____

[] Check if the same Address and home phone

Street Address _____

City _____ Zip _____

Father/Guardian Name _____

Email _____ Cell phone# _____

[] Check if the same Address and home phone

Street Address _____

City _____ Zip _____



SOCIAL MEDIA PERMISSION FORM

MUST BE SIGNED TO BE ABLE TO POST GAME PICTURES, ETC. ON SOCIAL MEDIA

I, _____, the parent or legal guardian of

_____, a student and lacrosse player at Mt. Carmel High

School, do hereby give permission to use **lacrosse-related** pictures of my child with his name and any statistics on the teams social media websites. Our social media site promotes information about the Mt. Carmel lacrosse program and Booster club.

Parent/Guardian Signature: _____ **Date:** _____