

PAPA Girls Lax '09 Registration form

Child's Name _____ Child's Age as of June 1, 2009 _____

Please check appropriate box

Thursday July 23rd (Girls 6-8 yrs of age)

Thursday July 30th (Girls 9-10 yrs of age)

My daughter **does** **does not** have her own lacrosse equipment (i.e. stick & eye wear).

My daughter: **is new to lacrosse** **has played lacrosse** _____ seasons

Street Address

City, State, Zip

Home Phone _____ Parent Cell _____

Email address (if any) _____

Medications or Other Helpful Info?

Enclosed is my check for \$10 made out to 'PAPA.'

Please Read the statement below and initial your acceptance.

_____ I hereby consent to and authorize the use and reproduction, in print or electronic format by Phoenixville Area Positive Alternatives (PAPA) or anyone authorized by PAPA, of any and all photographs which are taken of my child(ren) during the program for any publicity purpose, without compensation. All images--electronic, negatives and positives, together with the prints, are owned by PAPA. By checking this box, I give my consent and acknowledge that I am the parent or legal guardian of the registered child.

While the **registration deadline is June 1st** please note that we can only accommodate the first 20 registrants for each of the two sessions. Our apologies that we cannot accommodate more at the present time. We hope to accommodate far more girls in the future!