

BDMLAX, INC Summer and Fall Program Registration

Player Name: _____
First Middle Initial Last

Date of Birth: ____ / ____ / ____ Grade: ____ School: _____

Street Address: _____

City, State Zip code: _____

Home Phone: _____ -- _____ -- _____ Player Cell Phone: _____ -- _____ -- _____

Player Email: _____

US Lacrosse Member? Circle either: YES / NO If yes, provide your member number: _____

Years of Experience Playing Lacrosse: _____ Positions played (circle as applicable): Attack Midfield Defense Goalie

Shirt Size (Circle One): YM YL S M L XL XXL

Shorts Size (Circle One): YM YL S M L XL XXL

Parent/Guardian Name: _____
First Middle Initial Last

Parent/Guardian Email: _____

Emergency Contact Phone: _____ -- _____ -- _____ Relationship to Participant: _____

Insurance Provider: _____ Policy Number: _____

I am registering to Free Summer Lax Days only

I am registering for Free Summer Lax Days and Fall Ball:

I am paying in Full (\$225.00)

Player Signature

Parent Signature

____ / ____ / ____
Date

Make checks payable to BDMLAX, Inc.

Mail checks and registration forms to: BDMLAX, Inc, 19468 SW 80th Ct, Cutler Bay FL 33157

BDMLAX, INC is a 501(c)3 non-profit organization that is not affiliated with any high school lacrosse/athletic program. Proceeds from any events are donated to local youth and high school lacrosse and to college scholarship programs.