

**PHOENIX ELITE LACROSSE TRAINING SESSION  
REGISTRATION FORM**

Please mail registration form & medical waiver:  
P.O. Box 314, Stafford Township, NJ 08050

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

School: \_\_\_\_\_

Grade/ Grad yr: \_\_\_\_\_

DOB/Age: \_\_\_\_\_/\_\_\_\_\_

Club/Coach (if applicable)

**PLEASE CHECK BELOW PROGRAM YOU ARE REGISTERING YOUR ATHLETE FOR:**

**Session 1: 1/2, 1/9, 1/16, 1/23, 1,30, 2/6**

\_\_\_\_\_ Saturday U-19; 12:00 - 1:00

\_\_\_\_\_ Saturday U-14; 12:00 - 1:00

\_\_\_\_\_ Saturday U-10; 12:00 - 1:00

**Session 2: 2/13, 2/20, 2/27, 3/6, 3/13, 3/20**

\_\_\_\_\_ Saturday U-19; 12:00 - 1:00

\_\_\_\_\_ Saturday U-14; 12:00 - 1:00

\_\_\_\_\_ Saturday U-10; 12:00 - 1:00

