



2010 PLAYER INFORMATION

PLAYER

NAME: _____

E-MAIL ADDRESS: _____

CELL PHONE NUMBER: _____

GRADE: _____ AGE: _____ DOB: _____ YEARS PLAYED: _____

Positions I have played (put star next to your favorite one):

Attack _____ Midfield _____ Defense _____ Goalie _____

We will be working on the following skills throughout the season and you should be practicing them every day. Please rate the following of your skills at this time: Use 1-5 with 1 being poor and 5 being excellent (so we know what we need to work on the most) If you don't know a skill, please write DK

Cradle Left _____

Cradle Right _____

Throw Left _____

Throw Right _____

Catch Left _____

Catch Right _____

Shoot Left _____

Shoot Right _____

Dogding _____

Speed _____

Draw control _____

Defense _____

Switching between hands while running _____

Using and providing an outlet, trail or cross field pass _____

What is your mile time? If you do not know, please do not guess! Go out and time yourself! _____

Do you use weight training as part of your workout routine? If so, provide more details:

What club or summer/fall/winter leagues and teams have you played on in the past?

Did you receive any honors on these teams?

Do you hope to play collegiate lacrosse? If so, any preferred schools at this time or preferred level such as club, DI, DII, or DIII?

What do you hope to improve on this season?

Do you play any other varsity or jv sports? If so please list.

Do you have any other commitments that might keep you from full involvement during the season of lacrosse (march 29-June 15) such as work, babysitting, or other extra curricular activities. If yes, please explain.

Are you able and willing to commit to full attendance of daily practice, time management to complete and excel in your studies, honor and respect for your teammates, teachers, captains, coaches and parents, practicing and conditioning on your own apart from team practice, attending team building and fundraising events, representing your team with your words and actions ,and abstaining from all drugs and alcohol as well as events with drugs and alcohol present? If so then please sign below:

X_____ date _____

