

Medicine Hat Lacrosse Club

765 – 2nd Street S.E.

Medicine Hat, Alberta T1A 0E2

Phone: (403) 581-0477 Fax: (403) 526-9184

2010 Registration Form

Player's Name: _____ Birth Date: D ____ M ____ Y ____
Street Address: _____ Home Phone: _____
City: _____ Prov: _____ AB Health Care #: _____
Postal Code: _____ Returning Player? Yes No Gender: Male Female
Mother's Name: _____ Work # _____ Email: _____
Father's Name: _____ Work # _____ Email: _____

I (We), the undersigned, being the parent(s)/guardian of _____ hereby agree to the following:

I (We) recognize and agree to abide by the Medicine Hat Lacrosse Association and ALA constitutions, their regulations, their playing rules and all duly approved amendments thereto. I (We) recognize the Medicine Hat Lacrosse Association as being the sole organization entrusted with the management and organization of lacrosse in our community. I (We) also recognize that all information provided is true and valid. Any false information provided may lead to the application of sanctions as provided in various regulations.

Permission is hereby given for my child to play lacrosse under the jurisdiction of the Medicine Hat Lacrosse Association. I hereby release Medicine Hat Lacrosse Association, and all of its coaches, managers, and league officials from any responsibility, financial or otherwise, for any injuries suffered by my child while participating in any practice, game or activity conducted under the jurisdiction of Medicine Hat Lacrosse Association. Please note that the accident or liability insurance plan of Medicine Hat Lacrosse Association through the ALA is a secondary insurance and only covers costs not presently covered by the individual parent (player's) private insurance plan and/or provincial health care.

I (We) hereby agree to abide by the Rules and Regulations of Medicine Hat Lacrosse Association. Suspension without refund may result in the event of any rule infraction or conduct unbecoming to our association or participant(s).

1. Playing rules as stated in the Canadian Lacrosse Association rule book.
2. Playing rules and guidelines as outlined and expected by the Medicine Hat Lacrosse Association.

Parent's Signature: _____ Date: _____

Please Check One:

- | | | | |
|--------------------------|-------------------------------|------------|---|
| <input type="checkbox"/> | Mini Tyke/Tyke (02-04) | \$75.00* | <i>includes jersey</i> |
| <input type="checkbox"/> | Novice (00-01) | \$150.00 | |
| <input type="checkbox"/> | PeeWee (98-99) | \$225.00 | |
| <input type="checkbox"/> | Bantam (96-97) | \$225.00 | |
| <input type="checkbox"/> | Midget (94-95) | \$225.00 | |
| <input type="checkbox"/> | Junior (89-93) | \$300.00** | <i>plus 2 post-dated cheques for \$200 for REGULAR SEASON travel expenses</i> |

Amount:
Method of Payment:
Cheque #
Received by:
Date:

Registrations from returning players not submitted by April 1st could be subject to an additional \$50.00 late fee.

\$25.00 Family Discount if registering 3 or more players.

Parent Volunteer Information – Please indicate the area in which you would be willing to assist:

- Tournament Volunteer Team Manager Referee Coach Assistant Coach