

Medicine Hat Lacrosse Club

Box 681

Medicine Hat, Alberta T1A 7G6

Phone: (403) 581-0477

www.mh lacrosse.com

2011 Registration Form – Minor League Players

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 Club, CLA, ALA and SALA constitutions, their regulations, their playing rules and all duly approved amendments thereto. I (We) recognize the Medicine Hat Lacrosse Club 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 Club. I hereby release Medicine Hat Lacrosse Club, 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 Club. Please note that the accident or liability insurance plan of Medicine Hat Lacrosse Club 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 Club. 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 ALA, SALA and Medicine Hat Lacrosse Club.

Parent's Signature: _____ Date: _____

Please Check One:

- | | | |
|--------------------------|-----------------------------|-----------|
| <input type="checkbox"/> | Mini Tyke (05-06-07) | \$75.00** |
| <input type="checkbox"/> | Tyke (03-04) | \$100.00 |
| <input type="checkbox"/> | Novice (01-02) | \$150.00 |
| <input type="checkbox"/> | PeeWee (99-00) | \$250.00 |
| <input type="checkbox"/> | Bantam (97-98) | \$250.00 |
| <input type="checkbox"/> | Midget (95-96) | \$250.00 |

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

**** Mini Tyke Division is subject to registration numbers**

Registrations not submitted by April 1st could be subject to a wait list.

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

- Tournament Volunteer Team Manager Referee Coach Assistant Coach