



You can only sign one Field Registration Certificate per season

YOUTH FIELD PLAYER REGISTRATION CERTIFICATE

Association: _____

Surname		Given Name		Middle Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	Medical Number
Birthdate: DD/MM/YY		Birth Certificate Number		Contact Phone	Last Field Club Played For	
Amount Paid	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> # _____	Cheque Name (if different)			Total Number of Years Playing Field Lacrosse _____	
Mailing Address				City	Postal Code	Subscribe to Lacrosse Talk Newspaper? Yes ___ No ___
Mother/Guardian Name: _____		Father/Guardian Name: _____		If you are of Aboriginal Ancestry please check: (Optional)		
Home Phone: _____		Home Phone: _____		<input type="checkbox"/> Status Indian		
Email: _____		Email: _____		<input type="checkbox"/> Non-Status Indian		
Other Phone: _____		Other Phone: _____		<input type="checkbox"/> Metis		
Are you interested in volunteering? Yes ___ No ___		Are you interested in volunteering? Yes ___ No ___		<input type="checkbox"/> Inuit		
				<input type="checkbox"/> On Reserve		
				<input type="checkbox"/> Off Reserve		

This section completed by Association prior to submission to the BCLA Office

Division	Tier	Team Number (Please circle if more than one team in a Division)									
Under 8 (Tyke - Field) <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Under 10 (Novice - Field) <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Under 12 (PeeWee - Field) <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Under 14 (Bantam - Field) <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Under 16 (Midget - Field) <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Under 19 (Junior) <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10

OUT OF AREA PLAYERS	Association Registrar	Commissioner	BCLA Field Registrar
Transferred <input type="checkbox"/> Grandfathered <input type="checkbox"/>	Date _____	Date _____	Date _____
	Signature _____	Signature _____	Signature _____

CHANGE OF ADDRESS

Mailing Address	City	Postal Code	Phone
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WAIVER AGREEMENT / INSURANCE

Waiver Agreement. I hereby certify to and agree to carry out fully all rules, regulations, policies and procedures of the Minor Lacrosse Association, the British Columbia Lacrosse Association (BCLA), and the Canadian Lacrosse Association. In consideration of this application I agree to play under the auspices of the BCLA, its officers, successors, member associations and anyone acting on their behalf, and hold them free and clear from all manner of litigation, damage claims or demands in law or in equity which may have legal recourse by reason of personal injury (including death) to myself, loss or damage to myself or property resulting from any cause whatsoever including without limitation the negligence of the BCLA, its officers, successors, member associations and anyone acting on their behalf, which may occur during or by reason of my participating in games under its jurisdiction. This certificate has been issued at the discretion of the Association and may be suspended by them for cause.

Insurance. The SBC Insurance provides the BCLA athletes with Extended Medical/Dental Benefits and \$5 Million Liability insurance coverage. Insurance brochures outlining the details of the insurance coverage are available through the BCLA.

I acknowledge that I have read the above information entitled "Waiver Agreement / Insurance".

Date _____ Parent/Guardian Signature _____