

QUEEN CITY MINOR BOX LACROSSE - 2005 REGISTRATION FORM
Junior Program

PARTICIPANT'S NAME: First: _____ Last: _____

ADDRESS: _____ **PHONE #** _____
CITY/TOWN: _____ **P.CODE:** _____
SUBDIVISION: _____ **SCHOOL:** _____
BIRTHDAY: YR: _____ MONTH: _____ DAY: _____ **HOSPITALIZATION #** _____
SEX: M / F **HEIGHT:** _____ **WEIGHT:** _____

PARENT/GUARDIAN INFORMATION

MOTHER: _____	FATHER _____
ADDRESS: _____	ADDRESS: _____
HOME PHONE: _____	HOME PHONE: _____
WORK PHONE: _____	WORK PHONE: _____
E-MAIL: _____	E-MAIL: _____

LACROSSE INFORMATION: Number of years played: _____ Are you willing to play Goal? _____

INDICATE TYPE OF JUNIOR PROGRAM YOU ARE INTERESTED IN PARTICIPATING IN:

Tier I _____ **Tier 2** _____ **Recreational** _____

VOLUNTEER POSITIONS Speak to a member of the Executive if you are interested in finding out more information about any of the positions. A \$35.00 voucher will be issued to all certified head coaches and executive members upon the completion of the 2005 season. This voucher will be able to be applied to registration fees for the following year.

_____ COACH _____ ASSISTANT COACH _____ MANAGER _____ PHONING COMMITTEE
_____ PROVINCIALS _____ FUNDRAISING _____ DIV. COORDINATOR _____ SOCIAL COMM.
_____ EQUIPMENT MANAGER _____ EXECUTIVE – POSITION INTERESTED IN: _____

<u>Player Registration:</u>	
2005 - \$40.00 Deposit	\$ _____
Balance – (\$160.00)	\$ _____
TOTAL PAID (\$200.00)	\$ _____
Received By: _____	

****REFUND POLICY All registrations subject to a \$40.00 non-refundable Administration Fee. Refunds will only be issued for medical reasons (with doctors certificate) or the inability of the League to place a player on a team due to a lack of coaches/referees.**

WAIVER AGREEMENT

I/We, the Parent(s)/Guardian(s) of the above Registrant, hereby give my/our approval his/her participation in all activities under the jurisdiction of the Saskatchewan Lacrosse Association, its member Associations and lacrosse clubs during the current year. I/We hereby agree that Queen City Minor Box Lacrosse, its executives, coaches, assistants, managers are not responsible for accidents or injuries resulting from participation in any of the Association's activities. I/We also agree that if my/our child requires any medical treatment during any of said activities and I/We are not present, I/We give permission for coaching management staff to arrange for medical treatment. I/We release Q.C.M.B.L. from responsibility when our child is being transported to and from activities scheduled by the Association/Team .

Date: _____

Signature

Signature

Mail completed Forms to:
Queen City Minor Box Lacrosse
P.O. Box 27052, 240 Albert Street
Regina, Saskatchewan
S4R 8R8