

QUEEN CITY MINOR BOX LACROSSE - 2005 REGISTRATION FORM
Senior Program

PARTICIPANT'S NAME: First: _____ Last: _____

ADDRESS: _____ **PHONE #** _____

CITY/TOWN: _____ **P.CODE:** _____

EMAIL ADDRESS: _____

BIRTHDAY: YR: _____ MONTH: _____ DAY: _____ **HOSPITALIZATION #** _____

SEX: M / F **HEIGHT:** _____ **WEIGHT:** _____

ALTERNATE CONTACTS IN CASE OF EMERGENCY:

FIRST CONTACT: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

E-MAIL: _____

SECOND CONTACT: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

E-MAIL: _____

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

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

Tier I _____

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: _____

Player Registration (Collected by Heat):

2005 - Deposit \$ _____

Balance \$ _____

TOTAL PAID \$ _____

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 am a person over the age of 21 and thereby am responsible for my own affairs and do not require a waiver from my parents or a guardian. I agree to participate in all activities under the jurisdiction of the Saskatchewan Lacrosse Association, its member Associations and lacrosse clubs during the current year. I agree that Queen City Minor Box Lacrosse (QCMBL), its executive, coaches, and team representatives are not responsible for accidents or injuries resulting from participation in any of the Association's activities. I agree that if I require any medical treatment during any said activities, I give permission for the coaches and/or team representatives to arrange for medical treatment. I release QCMBL and its representatives from responsibility when I am being transported to and from activities scheduled by the Association / Team.

Date: _____

Signature

Signature