



SOUTH EDMONTON WARRIORS LACROSSE CLUB

2007 REGISTRATION FORM

Mail completed registrations and payment to:

South Edmonton Warriors Lacrosse Club
 Suite 1128, 5328 Calgary Trail NW
 Edmonton, Alberta T6H 4J8
 Phone: 462-2307 Fax: 665-6124
 www.warriorlacrosse.ca

Please complete all sections of the registration form. If the information is not applicable please write "N/A". **For new players a copy of the player's birth certificate must accompany this registration form.**

Registration will not be considered accepted until receipt by the registrar of:

- A complete and signed Registration Form
- Payment of registration fees in full
- A completed Volunteer Commitment Form or alternatively a payment of \$100 in lieu thereof

LAST NAME	FIRST NAME	INITIAL	SEX	BIRTHDATE (MM/DD/YYYY)
ADDRESS	CITY	POSTAL CODE		HEALTHCARE NUMBER
FATHER / GUARDIAN	HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS
MOTHER / GUARDIAN	HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS
EMERGENCY CONTACT(S)	PHONE NUMBER(S)		MEDICAL / ALLERGIES	
HIEGHT (CM / IN)	WEIGHT (KGS / LBS)	YEARS PLAYED	HOCKEY LEVEL / TIER <small>(to assist with team placement)</small>	Has played goal in lacrosse? YES NO Interested in playing goal? YES NO

OTHER NOTES OR COMMENTS

I/We the parent(s)/guardian(s) of the above named registrant, hereby give my/our approval to his/her participation in any and all activities under the jurisdiction of the Alberta Lacrosse Association, its member associations and lacrosse clubs during the current season. I/We assume all risks and hazards incidental to the conduct of the activities. I/We hereby release, absolve and indemnify and hold harmless all organizers, coaches, managers, and officials appointed by the organizations and associations mentioned. I/We likewise release from responsibility any person transporting our child to and from activities to the extent not covered by liability insurance. I/We hereby consent the Coach, Manager, or other designate of the Lacrosse club to act as a guardian of the player in the event of injury to the player during any activity at which we are not present, and I/We authorize them to arrange any medical treatment arranged in good faith. I/We understand that the registrant must play exclusively for the above club and that a release must be obtained to transfer to another club. I/We authorize the use of any team or action photographs of the registrant for posting on the club website or for advertising or promotion. This form must be signed by a fully authorized and responsible parent or guardian.

Check one

- I/We understand our commitments with respect to the Volunteer Commitment Form (submit one form per family with registration); or
- I/We enclose a payment of \$100 in lieu of a Volunteer Commitment Form

SIGNATURE _____ DATE _____

FOR CLUB USE:				
		<input type="checkbox"/> Form or \$100	<input type="checkbox"/>	
				CASH _____ CHEQUE _____ CHEQUE # _____ BINGO CREDITS _____
LEVEL	FEE	DATE	VOLUNTEER	