



# WESTLOCK LACROSSE ASSOCIATION REGISTRATION AND WAIVER

Please complete all sections of the registration form. If the information is not applicable, please write "N/A." **A copy of the players' birth certificate must accompany this registration form for all NEW players.**

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ Town/City \_\_\_\_\_

Postal Code \_\_\_\_\_ Legal Land Description (if Rural) \_\_\_\_\_

Birthdate (d/m/y) \_\_\_\_\_ AHC # \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Mother/Guardian Name \_\_\_\_\_

Club last played for \_\_\_\_\_ Level (Team) for current season: \_\_\_\_\_

I/We the parent(s)/guardian(s) of the above named registrant, or the 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 including the Town of Westlock. 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 to Coach, Manager, or other designate of the Westlock Lacrosse Association 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 consent that Westlock Lacrosse Association (WLA) can collect information that is required by Alberta Lacrosse Association (ALA) and Greater Edmonton Lacrosse Council (GELC) for registration and insurance purposes. I/We also grant WLA, ALA, and GELC permission to use players' names and photos on their web pages or in newsletters and/or newspapers. Players' names and parents'/guardians' telephone numbers and email addresses may be used for the purpose of team/association communication and transportation services, and team placement and tracking of player statistics, as well as lacrosse-related communication from the WLA, GELC and ALA.

**THIS FORM MUST BE SIGNED BY A FULLY AUTHORIZED AND RESPONSIBLE PARENT OR GUARDIAN IF PLAYER IS UNDER 18 YEARS OF AGE:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Westlock Lacrosse requires volunteers in various areas in order to provide a quality program for your son/daughter. Please enquire about ways you can contribute. We thank you for volunteering your time!*

**FOR CLUB USE ONLY:**

Cash \$ _____	Cheque # _____	Pymt incl. in cheque received for (player) _____ registered on (team) _____
Cheque \$ _____	Registrar Entered: _____	
Receipt # _____	Team: _____	Season Fee: \$ _____
Goalies: Equipment Fee: \$ _____		Date/Time Form Received _____