

QUEEN CITY MINOR BOX LACROSSE - 2010 REGISTRATION FORM
Junior Program (Players born 1989-1993)

PARTICIPANT'S NAME: First: _____ Last: _____
ADDRESS: _____ **PHONE #** _____
CITY/TOWN: _____ **P.CODE:** _____
SCHOOL: _____ **SEX:** M/F **HEIGHT:** _____ **WEIGHT:** _____
BIRTHDAY: YR: _____ MONTH: _____ DAY: _____ **SHOOT:** LEFT/RIGHT
LACROSSE INFORMATION: Number of years played: _____ **E-MAIL:** _____
Are you willing to play Goal? YES / NO Years Playing Goal _____
Are you interested in receiving information about field lacrosse? YES/NO
Are you interested in coaching? YES/NO **Are you interested in becoming a referee? YES/NO**

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

REGISTRATION FEE: \$240.00

REGISTRATION DEADLINE IS MARCH 15, 2010

***ALL REGISTRATIONS THAT ARE COMPLETED (PAID IN FULL)
BY MARCH 15, 2010 WILL BE ENTERED TO WIN 1 OF 2
FREE REGISTRATIONS***

****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 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: _____

Parent Signature

Parent Signature

Mail completed Forms to:
Queen City Minor Box Lacrosse
P.O. Box 27052, 420 Albert Street
Regina, Saskatchewan
S4R 8R8

ON LINE REGISTRATION CAN BE FOUND AT:

www.qcdbl.ca