

**QUEEN CITY MINOR BOX LACROSSE - 2011 REGISTRATION FORM**

**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: \_\_\_\_\_

**Are you willing to play Goal?** YES / NO **Part Time** \_\_\_ **Full Time** \_\_\_ **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:** \_\_\_\_\_

**Player Registration Fees:**

Tyke 2003 & under - \$125.00  
Novice 2001 & 2002 - \$200.00 \$ \_\_\_\_\_  
Pee Wee 1999 & 2000- \$235.00  
Bantam 1997 & 1998 - \$245.00  
Midget 1995 & 1996 - \$250.00

**League T-Shirt**  
**Please Circle Size**

Youth - S, M, L  
Adult - S, M, L, XL

(included with registration)

**REGISTRATION DEADLINE IS .... March 14, 2011**

**EARLY BIRD:**

***ALL REGISTRATIONS THAT ARE PAID IN FULL BY March 1st, 2011 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](http://www.qcdbl.ca)**