



You can only sign one Box Registration Certificate per season

# MINOR BOX PLAYER REGISTRATION CERTIFICATE

Association: **SURREY LACROSSE ASSOCIATION**

Surname		Given Name		Middle Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Medical Number						
Birthdate: DD/MM/YY		Birth Certificate on File? Yes ___ No ___		Contact Ph # ( )		Last Box Club Played For _____								
I acknowledge that I have read the information on the back of this form entitled Waiver Agreement / Insurance.						Total Number of Years Playing Box Lacrosse _____								
Date: _____		Parent / Guardian Signature: _____		Amt.Pd: \$ _____ Cash <input type="checkbox"/> Chq <input type="checkbox"/> # _____		CHQ Name (if different) _____								
Mailing Address			City		Postal Code		If you are of Aboriginal Ancestry please check: (Optional)							
Mother/Guardian Name: _____			Father/Guardian Name: _____				<input type="checkbox"/> Status Indian							
Home Ph: ( ) _____			Home Ph: ( ) _____				<input type="checkbox"/> Non-Status Indian							
E-Mail: _____			E-Mail: _____				<input type="checkbox"/> Métis							
Other Ph: ( ) _____			Other Ph: ( ) _____				<input type="checkbox"/> Inuit							
Are you interested in volunteering? Yes ___ No ___			Are you interested in volunteering? Yes ___ No ___				On Reserve <input type="checkbox"/>							
This section completed by Association prior to submission to the BCLA Office						Would you like to receive the Lacrosse Talk Newspaper? Yes ___ No ___								
<b>Minor Box Division</b>	<b>Female Division</b>	<b>Tier</b>	<b>Team Number</b> (Please circle if more than one team in a Division)						<b>OUT OF AREA PLAYERS</b>					
Mini-Tyke <input type="checkbox"/>		N/A <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	Transferred <input type="checkbox"/>	Grandfathered <input type="checkbox"/>
Tyke <input type="checkbox"/>		N/A <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	Association Registrar	
Novice <input type="checkbox"/>	<input type="checkbox"/>	House <input type="checkbox"/> Int <input type="checkbox"/> Adv <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	Date _____	
PeeWee <input type="checkbox"/>	<input type="checkbox"/>	A1 <input type="checkbox"/> A2 <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> House <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	Signature _____	
Bantam <input type="checkbox"/>	<input type="checkbox"/>	A1 <input type="checkbox"/> A2 <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> House <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	BCLA Minor Registrar	
Midget <input type="checkbox"/>	<input type="checkbox"/>	A1 <input type="checkbox"/> A2 <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> House <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	Signature _____	
Junior <input type="checkbox"/>	<input type="checkbox"/>		1	2	3	4	5	6	7	8	9	10		

BCLA, 4041 B Remi Place, Burnaby, B.C. V5A 4J8 (604) 421-9755 www.bclacrosse.com

Copies: White – BCLA; Yellow – Club; Pink – Player

Sept 2007

## WAIVER AGREEMENT / INSURANCE (from back of Player Registration Certificate)

**Waiver Agreement.** I hereby certify to and agree to carry out fully all rules, regulations, policies and procedures of the Minor Lacrosse Association, the British Columbia Lacrosse Association (BCLA), and the Canadian Lacrosse Association. In consideration of this application I agree to play under the auspices of the BCLA, its officers, successors, member associations and anyone acting on their behalf, and hold them free and clear from all manner of litigation, damage claims or demands in law or in equity which may have legal recourse by reason of personal injury (including death) to myself, loss or damage to myself or property resulting from any cause whatsoever including without limitation the negligence of the BCLA, its officers, successors, member associations and anyone acting on their behalf, which may occur during or by reason of my participating in games under its jurisdiction. This certificate has been issued at the discretion of the Association and may be suspended by them for cause.

**Insurance.** The SBC Insurance provides the BCLA athletes with Extended Medical/Dental Benefits and \$5 Million Liability insurance coverage. Insurance brochures outlining the details of the insurance coverage are available through the BCLA.

## SUPPLEMENTARY SURREY LACROSSE ASSOCIATION INFORMATION (please complete all fields)

<b>Player's Shorts Size</b> (circle one):	<b>Youth</b>	<b>S / M / L / XL</b>
(Surrey Lacrosse Shorts with logo are included with registration fee)	<b>Adult</b>	<b>S / M / L / XL / XXL</b>

The success of our association is highly dependent on volunteers. We are looking for dedicated individuals to take on key roles in the SLA, including coaches, managers, division coordinators, referees. Please complete the information below and make a difference:

<b>Name</b> _____	<b>Volunteer Position(s) interested in</b> (circle all applicable) _____
_____	Coach / Asst. Coach / Manager / Division Coordinator / Tournament Coordinator / Referee
_____	Coach / Asst. Coach / Manager / Division Coordinator / Tournament Coordinator / Referee
_____	Coach / Asst. Coach / Manager / Division Coordinator / Tournament Coordinator / Referee