



Greater Edmonton Lacrosse Council

Mailing Address: 6142 - 90 Ave. P. O. Box 72038 Edmonton, AB T6B 3A7

REGISTRATION AND WAIVER

NAME: _____
First Initial Family

ADDRESS: _____ CITY _____

POSTAL CODE: _____ TELEPHONE # (Home) _____ (Work) _____

BIRTHDATE: _____ PERSONAL HEALTH # _____
Day Month Year

PARENT/GUARDIAN'S NAME(S): _____

Player: Coach: _____ Manager: _____ Referee: _____

Years played Box: _____ # Years played Field: _____

I/We the parent(s)/guardian(s) of the above named registrant, or the above registrant, hereby give my/our approval of 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 with respect to my/his/her participation in these activities as well as all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We hereby release, absolve, indemnify, and hold harmless all organizers, coaches, managers, and officials appointed by the organizations and Associations mentioned above. I/We likewise release from responsibility any person transporting our child to and from the activities to the extent not covered by liability insurance. I/We will furnish proof of birth date of the above registrant upon request of duly authorized officials.

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.

Must be signed by a fully authorized and responsible parent or guardian, if under 18 years of age:

Signature Date Signed

New Player: Copy of proof of birthdate attached? _____

Out of boundary registrant: Release form attached? _____

Registration fee of \$ _____ received by _____ on _____

Payment method: Cash Cheque

I am interested in girls box lacrosse

I am willing to officiate

WHITE: GELC Registrar

YELLOW: Club Registrar

PINK: Player