



You can only sign one Box Registration Certificate per season

MINOR BOX PLAYER REGISTRATION CERTIFICATE

Association: _____

Surname		Given Name		Middle Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Medical Number
Birthdate: DD/MM/YY		Birth Certificate Number		Contact Phone		Last Box Club Played For		
Amount Paid	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Cheque Name (if different)		Total Number of Years Playing Box Lacrosse _____		Subscribe to Lacrosse Talk Newspaper? Yes ___ No ___	
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 Phone: _____			Home Phone: _____				<input type="checkbox"/> Non-Status Indian	
Email: _____			Email: _____				<input type="checkbox"/> Metis	
Other Phone: _____			Other Phone: _____				<input type="checkbox"/> Inuit	
Are you interested in volunteering? Yes ___ No ___			Are you interested in volunteering? Yes ___ No ___				<input type="checkbox"/> On Reserve	

This section completed by Association prior to submission to the BCLA Office

Minor Box Division	Female Division	Tier	Team Number																		
			(Please circle if more than one team in a Division)																		
Mini-Tyke	<input type="checkbox"/>	N/A	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10								
Tyke	<input type="checkbox"/>	N/A	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10								
Novice	<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				
PeeWee	<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
Bantam	<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
Midget	<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
Junior	<input type="checkbox"/>											1	2	3	4	5	6	7	8	9	10

OUT OF AREA PLAYERS		Association Registrar	BCLA Minor Registrar
Transferred <input type="checkbox"/>	Grandfathered <input type="checkbox"/>	Date _____ Signature _____	Signature _____

CHANGE OF ADDRESS

Mailing Address	City	Postal Code	Phone
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WAIVER AGREEMENT / INSURANCE

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.

I acknowledge that I have read the above information entitled "Waiver Agreement / Insurance".

Date _____ Parent/Guardian Signature _____