



# ALL INFORMATION on this certificate is MANDATORY

# YOUTH FIELD

You can only sign one Field Registration Certificate per season

Association/Club: \_\_\_\_\_

## PLAYER REGISTRATION CERTIFICATE

Surname _____	Given Name _____	Middle Name _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Medical Number _____						
Mailing Address _____	City _____	Postal Code _____	Last Field Club Played For _____								
Birthdate: Day _____ Month _____ Year _____	Birth Certificate # _____		Has This Player Been Grandfathered? Yes ___ No ___								
Parent/Guardian: _____	Home Ph: ( _____ ) _____		Has This Player Been Transferred? Yes ___ No ___								
Home E-Mail: _____	Work Ph: ( _____ ) _____		Total Number of Years Playing Field Lacrosse _____								
Work E-Mail: _____	Cell Ph: ( _____ ) _____		If you are of Aboriginal Ancestry please check: (Optional) <input type="checkbox"/> Status Indian <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve								
Are you interested in volunteering? Yes ___ No ___						Payment Received <input type="checkbox"/> Payment Method Cash <input type="checkbox"/> Chq <input type="checkbox"/> Amount \$ _____ Cheque # _____					
U18 must be signed by parent/guardian I acknowledge that I have read the information on the back of this form entitled Waiver Agreement/Insurance. Date: _____ Parent/Guardian Signature: _____											
<b>ASSOCIATION PLACEMENT</b> (Must be completed by Association prior to submission to the BCLA Office)											
<b>Division</b> <small>(Please Check Box <input checked="" type="checkbox"/>)</small>	<b>Tier</b> <small>(Please circle)</small>	<b>Team Number</b> <small>(Please circle If more than one team in a Division)</small>									
Under 7 (Tyke - Field) <input type="checkbox"/>	1    2	1	2	3	4	5	6	7	8	9	10
Under 9 (Novice - Field) <input type="checkbox"/>	1    2	1	2	3	4	5	6	7	8	9	10
Under 11 (PeeWee - Field) <input type="checkbox"/>	1    2	1	2	3	4	5	6	7	8	9	10
Under 13 (Bantam - Field) <input type="checkbox"/>	1    2	1	2	3	4	5	6	7	8	9	10
Under 15 (16U - Field) <input type="checkbox"/>	1    2	1	2	3	4	5	6	7	8	9	10
Under 18 (Junior) <input type="checkbox"/>	1    2	1	2	3	4	5	6	7	8	9	10
Club Registrar _____											
Date _____											
Initial _____											
Commissioner _____											
Date _____											
Initial _____											
BCLA Field Registrar _____											
Date _____											
Initial _____											

## WAIVER AGREEMENT / INSURANCE

**Insurance Waiver.** I hereby certify to and agree to carry out fully all rules, regulations, policies and procedures of 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/teams/clubs 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 bodily 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/teams/clubs 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.** Markel Canada Limited through SBC Insurance Agencies, a division of Sport BC, provides the BCLA registered members with Accident Medical/Dental benefits and \$5 Million Liability insurance coverage. The schedule of benefits outlining the details of the insurance coverage is available on the BCLA website [www.bclacrosse.com](http://www.bclacrosse.com) and through the BCLA Office.

**Please note: There is NO LOSS OF WORK COVERAGE.**