

**Association canadienne de crosse**  **Canadian Lacrosse Association**  
**TEAM REGISTRATION FORM**

<b>Member Association/L'Association membre</b>		<b>Association, Club or League/ L'Association, club ou ligue</b>		<b>City/Ville</b>	
<b>Team Name/Nom de l'équipe</b>		<b>Team Colours/Couleurs de l'équipe</b>		<b>Age Category/Catégorie d'âge</b>	
				<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> I/Jv <input type="checkbox"/> Y <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> Ms <b>Field:</b> <input type="checkbox"/> U13 <input type="checkbox"/> U15 <input type="checkbox"/> U16 <input type="checkbox"/> U19 <input type="checkbox"/> Sr <input type="checkbox"/> Ms	
<b>Sector</b>		<b>Level/Niveau</b>		<b>Tournament/Compétition</b>	
<input type="checkbox"/> Box <input type="checkbox"/> Men's Field <input type="checkbox"/> Women's Field		<input type="checkbox"/> A/Div 1 <input type="checkbox"/> B/Div 2			
<b>Player #</b>	<b>Name/Nom</b>	<b>Complete Address/L'adresse complet</b>		<b>Birthdate/ Date de Naissance</b>	<b>Provincial Medical #/ No. D'assurance Medicale Provincial</b>
				<b>D/J   M/M   Y/A</b>	

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canadienne  
de crosse**

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Lacrosse  
Association**  
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**TEAM NAME:** \_\_\_\_\_

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List team staff and certification below/Dresser ce-dessous la liste du personnel de l'équipe et leur certification				
			NCCP #	Qualifications
Coach/ Entraîneur				
Coach/ Entraîneur				
Coach/ Entraîneur				
Trainer/ Seigneur				
Manager/ Gérant				

Provincial / territorial use only/Réservé à L'usage du Bureau Provincial ou Territorial		
<b>Information Verified By:</b> _____ <b>PMA Approval:</b> _____ <b>Date:</b> _____		

**MEMBER ASSOCIATIONS: MA's found to have signed this form with false coach qualifications or player information shall forfeit entry to any national championship in the following year.**