

2019 REQUEST FOR GOALKEEPER EQUIPMENT EXEMPTION

Valid for the 2019 playing season only

This form will not be accepted without photographs of the goalie in equipment

Please submit form to james@lacrosse.ca by May 31, 2019

Player Name: _____

Address: _____

Player Date of Birth: _____ Age: _____

Exemptions applying for (please check all that apply)

**Size of equipment in
the submitted photos**

**Size of equipment
requested**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Shoulder Pads
Leg Guards
Pants

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Measurements

Height: _____

Weight: _____

Arm Length: _____

from top of shoulder to wrist bone

Waist: _____

circumference at belly button

Ankle to Knee: _____

Torso _____

from collarbone to hip bone

Parent/Player Contact Email: _____

Local Association contact Email: _____

Local Association President Name

Local Association President Signature

Member Association Signature

Approved by CLA

Not Approved by CLA

Date of Approval

S&E Committee Chair Signature

Please note: Once approved, it is the responsibility of the player to carry a copy of this form to all games.

The official may request that the player staple a copy of the form to the game sheet.