

GOALKEEPER SAFETY FORM

Valid for 2013 Playing Season Only

Association
canadienne
de crosse



Canadian
Lacrosse
Association

Form must be sent to info1@lacrosse.ca by May 31, 2013

Date: _____

Player's Name: _____

Address: _____

Age: _____

Date of birth: _____

Measurements

Exemptions applying for

Height: _____

(please circle all that apply)

Weight: _____

Shoulder pads

Arm Length: _____

Leg guards

(from top of shoulder to wrist bone)

Pants

Waist: _____

(circumference at belly button)

Ankle to knee: _____

Torso _____

(from collarbone to hip bone)

Local Association President
Signature

MA/AMA Signature

Approved - Equipment Review
Committee

Not Approved - Equipment
Review Committee