



**BRITISH COLUMBIA LACROSSE ASSOCIATION
Senior Practice Registration Form**

For Practice Purposes Only

League: _____ **Division:** _____

Team: _____ **Team Played for (last season):** _____

Name of Player: _____
(In full)

Address: _____
City: _____ **P.C.:** _____
Phone: _____

Date of Birth: _____
 Day **Month** **Year**

Medical Plan:Name: _____ **Identification #:** _____

Date

Player's Signature

For Club Use Only:

Fee: _____ **Paid:** _____

Date

Signature of Secretary/Registrar
