

REGISTRATION FORM
Capital District Minor Lacrosse Association

www.cd lacrosse.com

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|---------------------------------|----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------------|
| <input type="radio"/> Mini-Tyke | <input type="radio"/> Tyke | <input type="radio"/> Novice | <input type="radio"/> Peewee | <input type="radio"/> Bantam | <input type="radio"/> Midget | <input type="radio"/> Intermediate |
| 5-6 years | 7-8 years | 9-10 years | 11-12 years | 13-14 years | 15-16 years | 17-18 years |

Name: _____ e-mail: _____

Address: _____ I wish to play goal: Yes No

_____ Experience: _____ (years played)

_____ Shot: (R / L) _____

Parent : _____ Tel: _____ Height: _____

Parent: _____ Tel: _____ Weight: _____

Know of a Sponsor: Yes No Maybe Birth Date: _____

Please indicate any medical or health conditions that the coaches or organizers should be aware of : Medicare #: _____	Doctor: _____ Tel: _____
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RESPONSIBILITIES and INJURY WAIVER

I will not hold the Capital District Minor Lacrosse Association or any of its officers responsible for any loss of property or injury that my child may sustain while engaged in the activities of the Association. I agree to replace any equipment lost or destroyed by my child while the equipment is entrusted into his or her care. In the event of unruly or disruptive behaviour, I will accept the Association's decision to suspend my child's involvement with the program.

Parent's Signature: _____ Date: _____

I am interested in assisting with the following, (no previous experience is necessary):			
<input type="radio"/> Coach	<input type="radio"/> Referee	<input type="radio"/> Jamboree BBQ	<input type="radio"/> Fundraising
<input type="radio"/> Assistant Coach	<input type="radio"/> Time / Score Keeper	<input type="radio"/> Tournament Volunteer	<input type="radio"/> Other: _____

I wish to participate in a certified Coaching Clinic Yes No
 I wish to participate in a certified Referees Clinic Yes No

FEES	_____ First player: \$75 for Tyke division, \$130 all other divisions.
	_____ Second player (same family): \$60 for Tyke division, \$110 all other divisions.
	_____ Third player (same family): \$45 Tyke division, \$90 all other divisions.
	_____ Refundable Equipment Deposit: \$45 per player (Tyke players are exempt).
	_____ Association shorts \$15 per player (exempt if you have a pair from last year).
	_____ Total Enclosed