



You can only sign one Box Registration Certificate per season

MINOR BOX PLAYER REGISTRATION CERTIFICATE

Association: _____

Surname		Given Name		Middle Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Medical Number							
Birthdate: DD/MM/YY	Birth Certificate Number: #		Contact Ph # ()		Last Box Club Played For _____									
I acknowledge that I have read the information on the back of this form entitled Waiver Agreement / Insurance.					Total Number of Years Playing Box Lacrosse _____									
Date: _____	Parent / Guardian Signature: _____		Amt.Pd: \$ _____		Cash <input type="checkbox"/>	Chq <input type="checkbox"/>	# _____							
Mailing Address		City		Postal Code	If you are of Aboriginal Ancestry please check: (Optional)									
Mother/Guardian Name: _____		Father/Guardian Name: _____		<input type="checkbox"/> Status Indian										
Home Ph: () _____		Home Ph: () _____		<input type="checkbox"/> Non-Status Indian										
E-Mail: _____		E-Mail: _____		<input type="checkbox"/> Métis										
Other Ph: () _____		Other Ph: () _____		<input type="checkbox"/> Inuit										
Are you interested in volunteering? Yes ___ No ___		Are you interested in volunteering? Yes ___ No ___		On Reserve <input type="checkbox"/>										
This section completed by Association prior to submission to the BCLA Office					Would you like to receive the Lacrosse Talk Newspaper? Yes ___ No ___									
Minor Box Division	Female Division	Tier	Team Number (Please circle if more than one team in a Division)					OUT OF AREA PLAYERS						
Mini-Tyke <input type="checkbox"/>		N/A <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	Transferred <input type="checkbox"/>	Grandfathered <input type="checkbox"/>
Tyke <input type="checkbox"/>		N/A <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	Association Registrar	
Novice <input type="checkbox"/>	<input type="checkbox"/>	House <input type="checkbox"/> Int <input type="checkbox"/> Adv <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	Date _____	
PeeWee <input type="checkbox"/>	<input type="checkbox"/>	A1 <input type="checkbox"/> A2 <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> House <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	Signature _____	
Bantam <input type="checkbox"/>	<input type="checkbox"/>	A1 <input type="checkbox"/> A2 <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> House <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	BCLA Minor Registrar	
Midget <input type="checkbox"/>	<input type="checkbox"/>	A1 <input type="checkbox"/> A2 <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> House <input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	Signature _____	
Junior <input type="checkbox"/>	<input type="checkbox"/>		1	2	3	4	5	6	7	8	9	10		

BCLA, 4041 B Remi Place, Burnaby, B.C. V5A 4J8 (604) 421-9755 www.bclacrosse.com

Copies: White - BCLA; Yellow - Club; Pink - Player;

Sept 2007

WAIVER AGREEMENT / INSURANCE

Waiver Agreement. I hereby certify to and agree to carry out fully all rules, regulations, policies and procedures of the Minor Lacrosse Association, the British Columbia Lacrosse Association (BCLA), and the Canadian Lacrosse Association. In consideration of this application I agree to play under the auspices of the BCLA, its officers, successors, member associations and anyone acting on their behalf, and hold them free and clear from all manner of litigation, damage claims or demands in law or in equity which may have legal recourse by reason of personal injury (including death) to myself, loss or damage to myself or property resulting from any cause whatsoever including without limitation the negligence of the BCLA, its officers, successors, member associations and anyone acting on their behalf, which may occur during or by reason of my participating in games under its jurisdiction. This certificate has been issued at the discretion of the Association and may be suspended by them for cause.

Insurance. The SBC Insurance provides the BCLA athletes with Extended Medical/Dental Benefits and \$5 Million Liability insurance coverage. Insurance brochures outlining the details of the insurance coverage are available through the BCLA.