

LAX-4-LIFE© 2017- CANADIAN CANCER SOCIETY©

REGISTRATION FORM

(please print and include with payment)

Date Received: (FOR INTERNAL USE ONLY)		Received by: (FOR INTERNAL USE ONLY)	
PLAYER INFORMATION			
Player Surname		First	
<input type="checkbox"/> goalie		<input type="checkbox"/> official	
<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no	
Birth date: (m / d / y) / /			
Were you born after 1999	If yes please provide name of Parent/Guardian		Parent/Guardian Phone #
<input type="checkbox"/> Yes <input type="checkbox"/> No			Age: Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Player Email:	
P.O. Box:	City:	Province: BC	Postal Code:
2014 (Lax) Team	Home phone no.: ()		Mobile phone no.: ()
<u>Participant Allergies:</u> <div style="text-align: right; margin-top: 10px;"> <u>PLEASE PROVIDE MEDICAL</u> </div>			
IN CASE OF EMERGENCY			
FULL NAME (if possible please provide 2)	Relationship to player:	Primary phone no.: ()	Work phone no.: ()
		()	()
MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with lacrosse, and hereby release, discharge, and otherwise indemnify the Delta Lacrosse Association©, Lax-4-Life©, The Canadian Cancer Society©, their sponsors and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the lacrosse player named above as a result of that player's participation.			
<div style="border-top: 1px solid black; width: 100%;"></div> <i>Patient/Guardian signature</i>		<div style="border-top: 1px solid black; width: 100%;"></div> <i>Date</i>	

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Full Schedules will be drawn up according to registered players and 'first game' times will be emailed in advance.

Pre-Registered Participants will receive a T-Shirt, meals and refreshments throughout the day. All Registered Participants will receive meals and refreshments throughout the day. There will be prizes for top individual and top family raising the most funds for this event.

We ask you to please remember that Lax 4-Life is a fundraising event. Participants are asked to try to raise a minimum of \$50 per person.

Participants Junior aged and below MUST be 2017 Carded/Registered Players

PLAYER INFORMATION

T-Shirt Size

☐ XS ☐ S ☐ M ☐ L
☐ XL ☐ XXL ☐ XXXL

Age Group/Division

☐ Minityke ☐ Tyke ☐ Novice
☐ PeeWee ☐ Bantam ☐ INT
☐ Junior ☐ 22+

Registration fee prior March 22, 2017 \$30.00

Registration fee AFTER March 22, 2017 \$60.00

Please make cheques payable to:

Lax-4-Life

5097 - 59th Street

Delta, BC V4K 3J8

LIABILITY

In consideration of my signing this agreement I hereby form myself, my heirs and my administrators assume any and all risks which might be associated with the Canadian Cancer Society, Lax-4-Life, and the Delta Lacrosse Association.

I waive and release any and all rights and claims for any damages which I may have against the Canadian Cancer Society, Lax-4-Life and the Delta Lacrosse Association, the sponsors, organizers and any others connected with this event. I waive and release any persons connected with this event, their representatives, successors and assignees for any and all damages of any kind whatsoever suffered by me as a result of taking part in the event or related activities.

I further consent to the use by the Canadian Cancer Society, Lax-4-Life and the Delta Lacrosse Association of my name and photograph or digital recording in connections with this event or subsequent events. If participant is under 19 years of age, then waiver/registration form MUST be signed by parent or guardian. Please indicate relationship to participant.

Registered Player Name (please print)

Patient/Guardian signature

Date

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DONATION FORM

(please print and include with payment)

You must fill out **ALL** information legibly below in full in order to have us mail your receipt, otherwise these will be general donations and no receipt will be issued. Register to collect donations online at <http://tinyurl.com/LAX2017>

Donations can be made by Credit Card with immediate Receipts issued to the Donator/Sponsor.

Thank you for your support of Lax-4-Life and The Canadian Cancer Society©

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Enclosed is my tax- deductible donation

for The Canadian Cancer Society© : ☐ \$10 ☐ \$20 ☐ \$50 ☐ \$100 ☐ \$250 ☐ other _____

Please fill out the information below to sponsor a Lax-4-Life (player name) _____

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Please make cheques payable to: **Lax-4-Life 5097-59th Street Delta, BC V4K 3J8**

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