Player Registration Certificate



**Year of Birth**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Club/Association** | | | | | | | | | | | |
| **Age Division** | | | | | | **Years Played Box** | | | | | |
| **Shoots Left or Right** | | | | | | **Years Played Field** | | | | | |
| **Last Name** | | | | | | **Given Names** | | | | | |
| **Address** | | | | | | | | | | | |
| **City** | | | | | | **Postal Code** | | | | | |
| **Primary Phone** | | | | | | **Male or Female** | | | | | |
| **Email Address** | | | | | | | | | | | |
| **Date of Birth** | | **Month** | | | | **Day** | | | **Year** | | |
|  | | | | |  | | | | | | |
| **Mother/Guardian Name** | | | | | **Father/Guardian Name** | | | | **If you are of Aboriginal Ancestry, please check: (Optional)** | | |
| **Home Phone** | | | | | **Home Phone** | | | |
|  | **Status / Treaty**  **Non‐Status Metis** | |
| **Email** | | | | | **Email** | | | |  |
| **Other Phone** | | | | | **Other Phone** | | | |
| **Are you interested in volunteering?** | | | Yes | No | **Are you interested in volunteering?** | | Yes | No |  | **Inuit** | |
|  |  | |
|  | | | | |  | | | | | | |
| **Amount Paid** | Cash |  | Cheque |  | **Do all legal guardians give consent to the Club/Association/SLA to use any pictures or videos of the player on communication tools. This includes all print, electronic, and social media communication used to advertise or promote the Club/Association/SLA and its programs.** | | | | | Yes | No |
| **Association Registrar Signature** | | | | | | | | | **Date** | | |
| **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 Saskatchewan Lacrosse Association (SLA), and the Canadian Lacrosse Association. In consideration of this application I agree to play under the auspices of the SLA, its officers, successors, member associations and anyone act‐ ing 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 anyone acting on their own behalf, which may occur during or by reason of my participating in games under its jurisdiction. This certificate has been issued at the discretion on the Association and may be suspended by them for cause.  **Insurance.** The AON Insurance provides the SLA athletes with Extended Medical/Dental Benefits and $5 Million Liability insurance coverage. More information on the AON Insurance provided is available through the SLA.  **I acknowledge that I have read the above information entitled “Waiver Agreement/Insurance”.**  Date Signature of Parent/Guardian (if player is 18 years of age or younger)  or  Signature of Player (if player is 19 years of age or older | | | | | | | | | | | |