

Year of Birth



Office use:
Tickets Received
#'s _____
Payment:
Cash or Cheque #

Age Division	
MINI-TYKE / TYKE / NOVICE / PEEWEE / BANTAM / MIDGET / JUNIOR / SENIOR	
Last Name	Given Names
Address	
City	Postal Code
Primary Phone	Male or Female
Email Address	
Date of Birth: MM/DD/YY	

Mother's Name	<input type="text"/>
Cell Phone	<input type="text"/>
Email Address	<input type="text"/>
Interested in volunteering?	<input type="text"/>
Amount Paid	<input type="text"/>
Cash or Cheque	

Father's Name	<input type="text"/>
Cell Phone	<input type="text"/>
Email address	<input type="text"/>
Interested in volunteering?	<input type="text"/>
Date	<input type="text"/>

Waiver Agreement / Insurance

Waiver Agreement. I hereby certify to and agree to carry out fully all rules, regulations, policies and procedures of Estevan Minor Box Lacrosse (EMBL), the Saskatchewan Lacrosse Association (SLA), and the Canadian Lacrosse Association (CLA). In consideration of this application, I agree to play under the auspices of the SLA, 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 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 is available through the SLA.

Media Release

YES I give Estevan Minor box Lacrosse permission for my child's photograph and/ or video to be posted on EMBL social media sites.

NO I do not give permission to use my child's photograph and/or video on social media.