



Lacrosse WA

Unit 115/396 Scarborough Beach Road, West Point Centre, Osborne Park WA 6017

Postal Address PO Box 1633, Osborne Park WA 6916

Telephone 08 9242 5759 **Facsimile** 08 9242 5758

Email lacrossewa@optusnet.com.au **Website** www.lacrossewa.com.au

MEMBERSHIP REGISTRATION

LWA1

Date	Day	Month	Year	2010
CLUB				
Surname			Registration Number	
First Name				
Address				
Home Phone			Postcode	
Home Fax			Work Fax	
Mobile				
Email				
Date of Birth	Day	Month	Year	
School or Occupation			Work Phone	
Juniors Parent/ Guardian Names				

WE GIVE PERMISSION FOR A PHOTO TO BE TAKEN FOR LACROSSE PURPOSES YES / NO

PLEASE INDICATE TICK OR CROSS WHERE APPLICABLE

<input type="checkbox"/> SENIOR PLAYER	<input type="checkbox"/> UNDER Men's 17/Women's U16	<input type="checkbox"/> COACH
<input type="checkbox"/> INTERNATIONAL PLAYER (Form LWA12 must be attached)	<input type="checkbox"/> UNDER 15	<input type="checkbox"/> REFEREE/UMPIRE
<input type="checkbox"/> LOAN PLAYER (Form LWA14 must be attached)	<input type="checkbox"/> UNDER 13/Women's U12	<input type="checkbox"/> SOCIAL MEMBER
<input type="checkbox"/> GUEST PLAYER (Form LWA9 must be attached)	<input type="checkbox"/> MODCROSSE	<input type="checkbox"/> Male
		<input type="checkbox"/> Female

Disclaimer: I ACKNOWLEDGE that playing, coaching, officiating or participating in any capacity in a lacrosse game, carries with it the risk of personal injury. To the extent permitted by law, I agree both on behalf of my child, or myself and in my own right to ABSOLVE and INDEMNIFY Lacrosse WA, its Member Clubs and Associations, their Members, Officials, Coaches, Referees and Associations Sponsors from any or all liability, loss or damage however caused (whether by negligence or some other event) arising out of my, or my child's, participation in lacrosse games and training for such games. I agree on behalf of my child, or myself and in my own right to RELEASE AND FOREVER DISCHARGE the LWA its Member Clubs and Associations, their Members, Officials, Coaches, Referees and Associated Sponsors from all and any claims that I or my child may have had but for this release arising from my or my child's, participation in lacrosse games and training for such games. I AUTHORISE duly appointed LWA officers or duly appointed Member Club Officials to arrange medical or hospital treatment (including without limitation ambulance transportation) if I am not able or am not available to do so myself and I INDEMNIFY the LWA its officers and Member Clubs and Associations, their Members, Officials, Coaches, Referees and Associated Sponsors for all costs associated therewith. I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.

PLAYER, PARENT OR GUARDIAN SIGNATURE _____

PLEASE RETURN COMPLETED FORM TO Lacrosse WA

DATABASE ENTRY

BY MAIL TO: Lacrosse WA PO Box 1633 OSBORNE PARK WA 6916

BY EMAIL TO: lacrossewa@optusnet.com.au

BY FACSIMILE: 9242-5758