



# Wanneroo Lacrosse Club

## Membership Registration Form



Western Australian Lacrosse Association  
 PO Box 1633 Osborne Park WA 6916  
 Tel: 08 9242 5759  
 Fax: 08 9242 5758  
 Email: lacrossewa2@optusnet.com.au  
 Website: www.wala.com.au

PO Box 391 Greenwood WA 6924 | www.wanneroolacrosse.com | Registrar: Ron 0427 088 684

### 2009 MEMBERSHIP REGISTRATION

Clubs to allocate Player Registration Number:

<b>CLUB</b>	<i>Wanneroo</i>	
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FIRST NAME		LAST NAME	
ADDRESS			
			POSTCODE
HOME PHONE		WORK PHONE	
HOME FAX		WORK FAX	
MOBILE		EMAIL	
DATE OF BIRTH	DAY	MONTH	YEAR
SCHOOL OR OCCUPATION			

Please indicate **X** where applicable

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> SOCIAL MEMBER   | <input type="checkbox"/> REFEREE   | <input type="checkbox"/> COACH  |
| <input type="checkbox"/> SENIOR LACROSSE   | <input type="checkbox"/> JUNIOR LACROSSE   | <input type="checkbox"/> MODCROSSE  |
| <input type="checkbox"/> Student Under 19  | <input type="checkbox"/> U13 <input type="checkbox"/> U15 <input type="checkbox"/> U17 | <input type="checkbox"/> BOY <input type="checkbox"/> GIRL                                  |
| <input type="checkbox"/> LOAN PLAYER<br><small>Form WAL14 must be attached</small> | <input type="checkbox"/> GUEST PLAYER<br><small>Form WAL9 must be attached</small>     | <input type="checkbox"/> INTERNATIONAL PLAYER<br><small>Form WAL12 must be attached</small> |

OFFICE USE ONLY		DATABASE ENTRY
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**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 the Western Australian Lacrosse Association Inc ('WALA'), its Member Clubs and Associations, their Members, Officials, Coaches, Referees and Associated Sponsors from any and 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 WALA 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 WALA 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 WALA 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. I also acknowledge that any WLC member found guilty of a serious breach of the WALA Players code of conduct will receive a minimum 2 week suspension.

Signed  
 Player/Member/Guardian.....

**WAL1**