

# 2019 Highlighters Lacrosse Registration Form

## AGE GROUP

Age Group Child playing in: \_\_\_\_\_ Child's date of birth (MM/DD/YYYY): \_\_\_\_\_ Grade Child is in: \_\_\_\_\_

## EQUIPMENT / STICKS EXPERIENCE

Borrowing a Lacrosse stick  Has own Lacrosse stick

**Interested in trying goalie**  
 Yes  No

Beginner Player   
 Experienced Player

## PERSONAL INFORMATION

CHILD'S NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

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 Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_  
 Phone: \_\_\_\_\_

## COACHING and SCOREKEEPING - help always needed

Are you a parent or guardian who is interested in volunteering during the league.  
 Coaching /running subs for a team?  Yes    Score keeping / Time keeping  Yes

## HEALTH & SPECIAL CONSIDERATIONS

What special considerations should we be aware of to better meet your child's needs?  
 \_\_\_\_\_

## EMERGENCIES

1. It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).  
 2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to Shawnigan Lake Community Centre Administration or instructor/leader; this consent would go along with your child to the emergency center.  
 I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF AN ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATELY BE REACHED.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

## PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) being used in CVRD promotional material.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## T-SHIRT/JERSEYS

We will be giving out a T-Shirt uniform to each participant.

T-shirt size of child : \_\_\_\_\_

## CONSENT

I (parent/guardian's name) \_\_\_\_\_, consent to my child participating in the Shawnigan lake Community Centre Lacrosse league and understand the risk associated with participation including slips, falls, or injuries and agree to indemnify and save harmless the Shawnigan Lake Community Centre, the Cowichan Valley Regional District and the program instructors, arising out of the act of participating in any soccer related activities provided by the Shawnigan Lake Community Centre.

I, the undersigned, have read and fully understand the above liability and Informed Consent Waiver.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_