

NSW Lacrosse Registration form



Personal Details	
• Name: _____	• Date of Birth: _____
• Email: _____	• Sex: M / F
• Home Phone: _____	• Mobile: _____
• Work Phone: _____	
• Address: _____	
Suburb: _____	State: _____ Post Code: _____
Emergency Contact Details	
• Contact Number: _____	
• Name: _____	Relationship: _____
• Parents names (if under 18): Mum: _____	Dad: _____
Lacrosse Background	
• Started playing (year): _____	
• Club teams (Australia): _____	
• Club teams (overseas): _____	
• Preferred position: _____	Preferred playing number: _____

Notes

- * Non-social members are eligible for state and national selection.
- * After registering, all members become eligible to participate in all lacrosse based competitions, trainings or other events.
- * All fully registered players are entitled to a 5% discount on Lacrosse Equipment through "Southern Lacrosse Suppliers"

Declaration

As a registering member, I understand that lacrosse is sometimes a contact sport and that injuries may occur. I am also aware of the risks associated in participating in lacrosse-based activities. I undertake to advise organisers/coaches or the safety officer (or other designated officer) of any disability, lack of fitness, illness or other medical condition including any allergies prior to participating. If an injury occurs, I understand that N.S.W Lacrosse Inc. is not held responsible.

Privacy Statement

Some of the information contained in this form will be disclosed to the branch and national office for membership registration purposes.

Signature: _____

Date: _____