



LACROSSE WA  
 Website: [www.lacrossewa.com.au](http://www.lacrossewa.com.au)  
 115/396 Scarborough Beach Road Osborne Park WA 6017  
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# MEMBERSHIP REGISTRATION LWA1

<b>CLUB:</b>	<b>DATE:</b>	
<b>SURNAME:</b>	<b>FIRST NAME:</b>	<b>Please Circle:</b> M / F
<b>ADDRESS</b>		<b>POSTCODE</b>
<b>MOBILE:</b>	<b>EMAIL:</b>	
<b>DATE OF BIRTH:</b>	<b>OCCUPATION:</b>	

**Please Circle:**

I/we give permission for a photo to be taken for lacrosse purposes:	Y / N
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<b>How did you hear about Lacrosse:</b>					
School	Modcrosse	Friends/Family	Local Paper	Holiday Clinic	Other: _____

<b>Are you a Student:</b> Y / N	If yes, where do you attend?
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<i>JUNIORS ONLY</i>
Parent/Guardian Name(s):

<b>Working with children check:</b> Y / N	
Notice Number:	Expiry Date:

**Please tick where applicable:**

<input type="checkbox"/> SENIOR PLAYER	<input type="checkbox"/> 17's	<input type="checkbox"/> C GRADE	<input type="checkbox"/> COACH
<input type="checkbox"/> INTERNATIONAL PLAYER (Form LWA12 must be attached)	<input type="checkbox"/> 15's	<input type="checkbox"/> D GRADE	<input type="checkbox"/> REFEREE/UMPIRE
<input type="checkbox"/> LOAN PLAYER (Form LWA14 must be attached)	<input type="checkbox"/> 13's	<input type="checkbox"/> UNDER 11's	<input type="checkbox"/> SOCIAL MEMBER
<input type="checkbox"/> GUEST PLAYER	<input type="checkbox"/> MODCROSSE		

**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**

BY MAIL: Lacrosse WA PO Box 1633 Osborne Park WA 6916

BY EMAIL: [executive@lacrossewa.com.au](mailto:executive@lacrossewa.com.au)

*SPORTING PULSE ENTRY* Y / N