



ALL INFORMATION on this certificate is MANDATORY

You can only sign one Field Registration Certificate per season

YOUTH FIELD

PLAYER REGISTRATION CERTIFICATE

Association/Club: _____

Surname		Given Name		Middle Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Medical Number																					
Mailing Address			City	Postal Code		Last Field Club Played For _____																							
Birthdate: Day ____ Month ____ Year ____			Birth Certificate #			Has This Player Been Grandfathered? Yes ___ No ___																							
Parent/Guardian: _____			Home Ph: (____) _____			Has This Player Been Transferred? Yes ___ No ___																							
Home E-Mail: _____			Work Ph: (____) _____			Total Number of Years Playing Field Lacrosse ____																							
Work E-Mail: _____			Cell Ph: (____) _____			If you are of Aboriginal Ancestry please check: (Optional)																							
Are you interested in volunteering? Yes ___ No ___						<input type="checkbox"/> Status Indian <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve																							
U19 must be signed by parent/guardian						Payment Received <input type="checkbox"/>																							
I acknowledge that I have read the information on the back of this form entitled Waiver Agreement/Insurance.						Payment Method																							
Date: _____			Parent/Guardian Signature: _____			Cash <input type="checkbox"/> Chq <input type="checkbox"/>																							
ASSOCIATION PLACEMENT (Must be completed by Association prior to submission to the BCLA Office)						Amount \$ _____																							
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PLEASE SEND TOP COPY TO BCLA, 4041 B Remi Place, Burnaby, B.C. V5A 4J8 www.bclacrosse.com Copies: White - BCLA; Yellow - Club; Pink - Player; Goldenrod - Transfer Form

YFR08



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