



2010 REGISTRATION FORM

CONTACT INFORMATION

First Name: _____ Last Name: _____

Date of Birth (dd/mm/yy): ____/____/____ Age: _____ Gender (Please circle): MALE FEMALE

Address: _____

City: _____ Postal Code: _____

Home Phone:(_____) - _____ Cell:(_____) - _____

Email: _____

LEVEL OF PLAY INFORMATION

Total Years Played: _____ Majors: _____ SR B: _____ JR A: _____ JR B: _____ Other: _____

Masters House League: _____ OLA Masters Tournament: _____

ONTARIO LACROSSE ASSOCIATION (OLA) INSURANCE INFORMATION

Will you be playing on an OLA Tournament Team in 2010? (Circle): YES NO If yes, which team? _____

Other Lacrosse Leagues that you will be participating in during the 2010 season _____

Position (Circle): GOALIE PLAYER Shot (Circle): L R T-Shirt Size (Circle): MED L XL XXL

PAYMENT/INDEMNITY INFORMATION

Player Registration Fee for 2010 is \$150.00 with cheque payments payable to: "Toronto Masters Lacrosse League"

Mail: TORONTO MASTERS LACROSSE LEAGUE 8 Westminster Avenue, Toronto, ON M6R 1N4

Online Interac Email money payments or questions about the TMLL may be made to: torontomasterslacrosse@gmail.com

****REGISTRATION FORM AND FEE MUST BE COMPLETE & REMITTED PRIOR TO ANY GAME PLAY**

In consideration of the acceptance of myself herein referred to as a "participant" in any program offered by the Toronto Masters Lacrosse League and any of its subsidiaries, I the undersigned agree that participation in any of the Toronto Masters Lacrosse League programs are at the participant's own risk. Toronto Masters Lacrosse shall not be held responsible for any damages arising from personal injuries sustained by the participant. The participant assumes full responsibility for any injuries or damages which may occur to the participant. The participant hereby fully and forever release and discharge the Toronto Masters Lacrosse League, their employees and agents, servants and signs from any and all claims, demands, damages, rights of action, or causes of action, present or future, where the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the participation in any Toronto Masters Lacrosse League program, game, practice or activity. The Toronto Masters Lacrosse League fully reserves the right to use any media including but not limited to photography, video, internet streaming and related social group postings which have been taken during the program playing session for advertising, promotional and/or instructional purposes and the participant waives any proprietary rights he or she may have in any media, as described above, taken or used. The undersigned hereby further consents to the Toronto Masters Lacrosse League and their employees or agents obtaining whatever medical treatment and/or care is deemed necessary by such staff for the health and well-being of the participants during the program or event, including the consent to obtain and have administered any emergency medical or surgical treatment recommended by a physician. Any fees incurred by the Toronto Masters Lacrosse League for such medical attention will be fully re-imbursed without exception by the participant. I, the undersigned participant, hereby acknowledge that I have read the foregoing, understand its content, import, and meaning, and hereby do approve and consent to the terms and conditions stated above. I further acknowledge that the information given on this application is complete and accurate.

Signature: _____ Date: _____ D.O.B. (dd/mm/yy): ____ / ____ / ____