



2007 SUMMER REGISTRATION FORM

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Address: \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email : \_\_\_\_\_

**LACROSSE EXPERIENCE**

Years Played: Major \_\_\_\_\_ SR 'B' \_\_\_\_\_ JR 'A' \_\_\_\_\_ JR 'B' \_\_\_\_\_  
 Minor \_\_\_\_\_ Field \_\_\_\_\_ Masters \_\_\_\_\_

Position (Please Circle): Goalie \_\_\_\_\_ Player \_\_\_\_\_

Shot (Please Circle): L \_\_\_\_\_ R \_\_\_\_\_

Shirt Size L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL \_\_\_\_\_

**LEAGUE INFORMATION**

Registration Fee \_\_\_\_\_ \$185.00

\*\* Please make the Cheque payable to: "Toronto Lacrosse Club" Total: \_\_\_\_\_

Cash: \_\_\_\_\_ Cheque #: \_\_\_\_\_

**WAIVER**

In consideration of the acceptance of \_\_\_\_\_ as a participant in any program offered by Toronto Masters Lacrosse League and any of its subsidiaries, I the undersigned agree that participation in any of the Toronto Masters Lacrosse League programs is at the participant's own risk. The Toronto Masters Lacrosse League 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 by Toronto Masters Lacrosse League, their employees and agents, servants and signs from any 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, game, practice, or activity.

The Toronto Masters Lacrosse League reserves the right to use any pictures taken during the program for advertising, promotional and/or instructional purposes and the participant waives and proprietary rights he or she may have in any pictures taken or used.

The undersigned hereby further consent 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.

I, the undersigned participant, hereby acknowledge that we 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): \_\_\_\_/\_\_\_\_/\_\_\_\_