



PLAYER REGISTRATION

Player's Name: _____ (Last) (First) _____
 Date of Birth: _____ M _____ D _____ Y

Player's Name: _____ (Last) (First) _____
 Date of Birth: _____ M _____ D _____ Y

Player's Name: _____ (Last) (First) _____
 Date of Birth: _____ M _____ D _____ Y

Player's Address: _____
 Full Address (NOTE: If RR#, the OLA requires Lot & Con#)

Mother's Name: _____ (Last) (First) _____
 Mother's Phone: _____

Father's Name: _____ (Last) (First) _____
 Father's Phone: _____

Mother's Email: _____
 Father's Email: _____

PARTICIPATION AGREEMENT

- I/We will comply with the CONSTITUTION, BY-LAWS & RULES OF OPERATION of SHL & OLA.
- I/We agree with the BOND HOUR POLICY of SHL, that being bond hours required as to a designated amount, an amount which will be required towards tournaments & an amount within team duties, discretion being on the part of the current SHL Executive. **If hours are not completed by July 1st, the bond cheque will be cashed.** I/We understand that a person completing bond hours must be a minimum age of 14 years. All volunteers handling money must be an adult (min. age of 19 years). Exceptions subject to approval by SHL Executive.
- I/We acknowledge that if a player is rewarded a place on a ZONE TEAM, the player will be required to travel within Zone 4, certain equipment is mandatory & a commitment must be made to participate in the Provincial Lacrosse Championships in the month of Aug.
- Any EQUIPMENT OWNED BY SHL & borrowed by a player during the lacrosse season, must be returned in good condition by the end of the season.
- I the participant/parent/guardian acknowledge that from time to time I/my child will be TRAVELING from place to place, sleeping away from home & eating away from home. I reserve the right to take action against any wrongdoer but subject to that, I release SHL including all members, coaches, managers & association executives from any responsibility.
- I hereby understand & appreciate that my/my child's participation as a lacrosse player carries the risks to me/my participating child of serious injury, including permanent disability, paralysis or death. I/My participating child voluntarily & knowingly accept & assume these risks.
- I hereby grant SHL the irrevocable right to use at their sole discretion any IMAGE/INFORMATION &/or photographs of or about myself/my participating child for publicity, advertising or other promotion of SHL. I understand that this may include written, pictorial or video materials.

Parent/Guardian Signature _____
 Player Signature (if 18 or over) _____

(This Section to be completed by the Association)

Registration Fee \$ _____ Cheque # _____ Cash \$ _____
 Prepaid Fundraising Tickets \$ 50.00 Cheque # _____ Cash \$ _____
 Bond Hour Cheque \$ 150.00 Cheque # _____ Cash \$ _____

Signature: _____
 Date: _____
 (Authorized SHL Executive Signature)