



# 2009 FALL FIELD REGISTRATION FORM

September – November 2009

## PLAYER INFORMATION:

Last Name:		First Name:	
Street Address:			City:
Postal Code:	Home #: ( )	Email:	
Birth Date (MM/DD/YYYY):	Birth Certificate #:	Field Lacrosse Experience – High School, etc: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**\* Photocopy of birth certificate must accompany registrations for new players.**

Father's Name:	Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Home #, if different than above: ( )	Cell #: ( )
Mother's Name:	Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Home #, if different than above: ( )	Cell #: ( )

## REGISTRATION – No registration d:

Division	Grades/Birth Years	Registration Fee	Sub-Total
<input type="checkbox"/> Grade 7 & 8	7 & 8 (1996 & 1997)	\$175.00	\$
<input type="checkbox"/> Junior Varsity	9 & 10 (1994 & 1995)	\$175.00	\$
<input type="checkbox"/> Varsity	11, 12, 1 <sup>st</sup> & 2 <sup>nd</sup> year post-secondary (1990, 1991, 1992 & 1993)	\$175.00	\$

*\*Registration fee includes the following: Field costs, OLA Fees, Insurance, Games and Rochester Tournament – no other fees will be charged.*

## PAYMENT:

Please select one:

<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card (complete right side) <input type="checkbox"/> Money Order	<b>CREDIT CARD PAYMENTS</b>		
	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	Card no.	Expiry Date / /
	Name on Card	Signature	Date (MM/DD/YYYY) / /

## CANCELLATION DETAILS:

Cancellation	Details of Refund
Before September 7, 2009	Full Refund of Registration Fee
After September 8, 2009	Refund of Registration Fee minus \$25 admin fee
After September 20, 2009	No Refunds

## PARENTAL CLAUSE:

It is understood and agreed that the club and/or Association and/or its officials, coaches, affiliates or sponsors do not assume any responsibility for any injury, damage or loss resulting from any accident, any unknown condition, handicap or infection, however so caused.

Parent's Signature:	Name (Please Print):	Date:
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## FOR ASSOCIATION USE ONLY

DATE RECEIVED / /	PAYMENT AMOUNT REC'D \$	PAYMENT METHOD <input type="checkbox"/> Cash <input type="checkbox"/> Cheq/M.O. # _____ <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA
CREDIT APPROVAL	RECEIVED BY (INITIAL)	OLA FORM COMPLETED: <input type="checkbox"/> Yes <input type="checkbox"/> No

\* Credit card receipts to be stapled to registration form.