

Player Registration Form

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell/Bus.: _____

Date of Birth: _____ Age: _____

Lacrosse Experience & Division Level: _____

Check which session you will be attending:

Morning: 10 yrs. of age & under 9:00 a.m. to 11:30 a.m. _____

Afternoon: 11 yrs. of age and older 12:30 p.m. to 3:00 p.m. _____

Special Needs/Health Concerns (please describe in detail):

IMPORTANT:

The following involves your legal rights, and should be read carefully.
The undersigned hereby acknowledges that participation in sporting activity involves the voluntary risk of physical injury. The undersigned further acknowledges that Lakemount Sportsworld is attended by both participants and the general public.
With full knowledge of the above, the undersigned consents to release LAKEMOUNT SPORTSWORLD RENTALS, its owners, employees or representatives from liability or loss of property that may arise there at the facility.

Parent/Guardian Signature

Date: _____

Mail Player Registration Form along with cheque for \$120 to:

Lakemount Sportsworld Rentals
14 Iroquois Trail
Grimsby, Ontario
L3M 5E7

(905) 945-4464
www.lakemountsportsworld.ca