



BAYSWATER LACROSSE CLUB MEMBERSHIP REGISTRATION - 2022

SURNAME:	FIRST NAME:	Please Circle: M / F
ADDRESS		POSTCODE
MOBILE:	EMAIL:	
DATE OF BIRTH:	OCCUPATION:	

Please Circle:

I/we give permission for a photo to be taken for lacrosse purposes:	Y / N
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How did you hear about Lacrosse:						
School	Modcrosse	Friends/Family	Quick Stix	Clinic	Facebook	Other

Are you a Student:	Y / N	If yes, where do you attend?
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<i>JUNIORS ONLY</i> Parent/Guardian Name(s):

Working with children check (required for coaching and management positions):	
Y / N	
Notice Number:	Expiry Date:

Please tick where applicable:

<input type="checkbox"/> Senior Player	<input type="checkbox"/> Men's 17's	<input type="checkbox"/> Women's 17's	<input type="checkbox"/> Coach
<input type="checkbox"/> International Player	<input type="checkbox"/> Men's 15's	<input type="checkbox"/> Women's 13's	<input type="checkbox"/> Referee/Umpire
<input type="checkbox"/> Loan Player	<input type="checkbox"/> Men's 13's	<input type="checkbox"/> Women's 9's	<input type="checkbox"/> Manager/Bench Official
<input type="checkbox"/> Guest Player	<input type="checkbox"/> Men's 11's	<input type="checkbox"/> Modcrosse	<input type="checkbox"/> Social Member

Disclaimer: I ACKNOWLEDGE that playing, coaching, officiating or participating in any capacity in a lacrosse game, carries with it the risk of personal injury. To the extent permitted by law, I agree both on behalf of my child, or myself and in my own right to ABSOLVE and INDEMNIFY Bayswater Lacrosse Club (the Club), its Members, Officials, Coaches, Referees and Associations Sponsors from any or all liability, loss or damage however caused (whether by negligence or some other event) arising out of my, or my child's, participation in lacrosse games and training for such games. I agree on behalf of my child, or myself and in my own right to RELEASE AND FOREVER DISCHARGE Bayswater lacrosse Club its Members, Officials, Coaches, Referees and Associated Sponsors from all and any claims that I or my child may have had but for this release arising from my or my child's, participation in lacrosse games and training for such games. I authorise duly appointed club officials to arrange medical or hospital treatment (including without limitation ambulance transportation) if i am not able or am not available to do so myself and i indemnify the club, its officers, members, officials, coaches, referees and associated sponsors for all costs associated therewith. I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.

Code of Conduct: I acknowledge that I have received a copy of the Lacrosse WA Code of Conduct, have read, understood, acknowledge and agree to abide by the principles of the Code of Conduct at all times whilst a registered member of Bayswater Lacrosse Club.

PLAYER, PARENT OR GUARDIAN SIGNATURE: _____

Please email copy to bkc.clubmanager@hotmail.com