**Fax or Email to LSA at (08) 8355 3360/****office@lacrossesa.com.au**

In 2018, this form must be completed by all players intending to play in Lacrosse SA competitions. Clubs may also choose to use this as their Club registration form. Completed forms must be received by Lacrosse SA by 1.00pm Wednesday following the first match of the season or within 3 days of a player’s first game. Players on loan must have completed a form under the “home” club’s name.

**PLAYER** (PLEASE PRINT CLEARLY)

Surname:       First Name:

Date of Birth:    /    /    Gender: [ ]  Male [ ]  Female

Address:       Suburb:       P/Code:

Phone: (  )           Mobile:

Work: (  )           Email:

School Name (if under 18):       Year/Grade:

This is my first year of registration for a Lacrosse SA club: [ ]  Yes [ ]  No

I have previously been registered with:       Year:

**PARENT/GUARDIAN CONTACT DETAILS** (IF PLAYER UNDER 18)

Name (in full):       Email:

Home: (  )           Mobile:              Work: (  )

**Optional Information** **- for Club use -** (Please complete this section unless advised otherwise by your Club)

Do you have any allergies, medical or physical conditions we should be aware of? Please detail including preferred course of action in the event of a medical/injury situation, including an emergency name and phone number. It is the player’s responsibility to notify their club should these details change.

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|       |

**EMERGENCY CONTACT DETAILS**

Same as Parent/Guardian: Yes [ ]  No [ ]  Name (in full):       Email:

Home: (  )           Mobile:              Work: (  )

I am aware that (please delete if not applicable)

1. My contact details may be provided to third parties and used for purposes relevant and appropriate to my participation in National, State and Club lacrosse activities
2. Photographs may be taken during my participation in lacrosse activities, which may be used by appropriate and relevant organisations for promotional purposes. eg. (but not restricted to) Media, brochures and www.

 (Lacrosse SA’s Privacy Statement can viewed at [www.lacrossesa.com.au](http://www.lacrossesa.com.au/))

I acknowledge it is my responsibility to notify my Club of any changes to the above permissions.

I am aware that by registering with the [Name Of Club] Lacrosse Club, I am bound to that club until a clearance is obtained or a temporary Loan Permit for a season is arranged.

Please read and understand the information below. You will be required to sign-off and return this with your application, for your application to proceed.

Player Name:       Signature: Date:    /    /

Parent/Guardian Name:       Signature: Date:    /    /

Name of Club Official:       Position:

Signature: Date:    /    /

Office use only: Date Received:    /    /    Online entry confirmed: Yes [ ]  No [ ]  LSA Reg: