

AURORA

MASTERS LACROSSE

www.aml.ca



Tuesday Night 2013 Winter Registration Form

PERSONAL INFORMATION

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: DD ___ / MM ___ / YY ___ AGE ___ GENDER (Please circle): MALE FEMALE

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE NUMBER: HOME: _____ MOBILE/PAGER: _____ WORK: _____

EMAIL ADDRESS: _____

LACROSSE EXPERIENCE

YEARS PLAYED: MAJOR _____ SR 'B' _____ JR 'A' _____ JR 'B' _____

MINOR _____ FIELD _____ MASTERS _____

POSITION (Please circle) GOALIE PLAYER SHOT (Please circle): L R

LEAGUE INFORMATION

REGISTRATION FEE Player \$285.00 Goalie \$125.00

** Please make all cheque payable to: "Clare Poore" **

TOTAL: _____

Mail to - AMLL Winter Lacrosse, 170 Walton Drive, Aurora Ontario L4G 3R8

CASH: _____ CHEQUE # _____

WAIVER

In consideration of the acceptance of _____ as a participant in any program offered by Aurora Masters Lacrosse League and any of its subsidiaries, I the undersigned agree that participation in any of the by Aurora Masters Lacrosse programs is at the participant's own risk. The Aurora Masters Lacrosse shall not be held responsible for any damages arising from personal injuries sustained by the participant. The participant assumes full responsibility for any injuries or damages which may occur to the participant. The participant hereby fully and forever release and discharge by Aurora Masters Lacrosse League, their employees and agents, servants and signs from any and all claims, demands, damages, rights of action, or causes of action, present or future, where the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the participation in any Aurora Masters Lacrosse League, game, practise or activity.

The Aurora Masters Lacrosse reserves the right to use any pictures taken during the program for advertising, promotional and /or instructional purposes and the participant waives any proprietary rights he or she may have in any pictures taken or used.

The undersigned hereby further consent to the Aurora Masters Lacrosse and their employees or agents obtaining whatever medical treatment and/ or care is deemed necessary by such staff for the health and well-being of the participants during the program or event, including the consent to obtain and have administered any emergency medical or surgical treatment recommended by a physician.

I, the undersigned participant, hereby acknowledge that we have read the foregoing, understand its content, import, and meaning, and hereby do approve and consent to the terms and conditions stated above. I further acknowledge that the information given on this application is complete and accurate,

SIGNATURE: _____ DATE: _____ D.O.B.: DD / MM / YY _____