

Wembley Lacrosse Club (Inc.)

P.O. Box 389, WEMBLEY WA 6913

Junior Registration Form

First Name: Surname:

Address:

Suburb: Post Code:

Phone (H): Phone (W):

Mobile: Email:

Date of Birth: Gender:

Mother's First Name: Father's First Name:

School:

Parents please tick the areas where you could help

Canteen Duties Referee First Aid

Team Manager Assist Coaching Fund Raising

Bench Official Publicity Assistant Club Cleaning

Sponsorship Ground Set Up Committee

Medical Information

Does your child have any medical conditions that coaching staff should be aware of?

Yes/No If Yes, Please List _____

In case of an emergency, permission is given to transport my child to receive medical treatment. Yes/No Medicare Card No.

Parent / Guardian Signature _____ Date ____/____/____