

# Wembley Lacrosse Club (Inc.)

P.O. Box 389, WEMBLEY WA 6913

## Senior Registration Form

First Name:  Surname:

Address:

Suburb:  Post Code:

Phone (H):  Phone (W):

Mobile:  Email:

Date of Birth:  Gender:

Partner's Name:

### 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

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### Medical Information

Does you 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 you to receive medical treatment. Yes/No Medicare Card No.

Emergency Contact:  Name:  Phone (h):  Mobile:

Player Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_