

## WAVES REGISTRATION DETAILS

**This form is to be completed by all players and/or guardians. Please return this form, WITH FEES (cheques payable to *Wembley Women's Lacrosse Inc.*), to P.O. Box 389, Wembley WA 6916 prior to pre-season training.**

<b>WEMBLEY WOMEN'S LACROSSE INC. PLAYER REGISTRATION</b>	
<b>PLAYER'S NAME:</b>	
<b>DATE OF BIRTH:</b>	
<b>ADDRESS:</b>	
	<b>Post Code:</b>
<b>TELEPHONE:</b>	
<b>EMERGENCY CONTACT NUMBER OF PARENT OR GUARDIAN:</b>	
<b>E-MAIL (use kept to a minimum):</b>	
<b>May your email address be provided to Lacrosse West (the State association)?</b>	Yes                      No
<b>IS A HIRE STICK REQUIRED?</b>	Yes                      No
<b>PARENTS: Would you be prepared to help for an hour or so with ground set-up or canteen (max. of 3 dates)?</b>	Yes No
<p>Please note: Players and their guardians are advised that lacrosse, like many sports, can be hazardous and that all players play at their own risk.</p>	