



**Western Australian Lacrosse Association**  
 Unit 115/396 Scarborough Beach Road, West Point Centre, Osborne Park WA 6017  
**Postal Address** PO Box 1633, Osborne Park WA 6916  
**Telephone** 08 9242 5759 **Facsimile** 08 9242 5758  
**Email** lacrossewa2@optusnet.com.au **Website** www.wala.com.au

MEMBERSHIP REGISTRATION				WAL1	
Date	Day	Month	Year	2008	
<b>CLUB</b>					
Surname			Registration Number		
First Name					
Address					
			Postcode		
Home Phone			Work Phone		
Home Fax			Work Fax		
Mobile					
Email					
Date of Birth	Day	Month	Year		
School or Occupation					
Juniors Parent/ Guardian Names					

PLEASE INDICATE TICK OR CROSS WHERE APPLICABLE (FOR FEES INFORMATION SEE EFLC FEES SCHEDULE)

<input type="checkbox"/> SENIOR PLAYER	<input type="checkbox"/> UNDER 17	<input type="checkbox"/> COACH
<input type="checkbox"/> INTERNATIONAL PLAYER (Form WAL12 must be attached)	<input type="checkbox"/> UNDER 15	<input type="checkbox"/> REFEREE
<input type="checkbox"/> LOAN PLAYER (Form WAL14 must be attached)	<input type="checkbox"/> UNDER 13	<input type="checkbox"/> SOCIAL MEMBER
<input type="checkbox"/> GUEST PLAYER (Form WAL9 must be attached)	<input type="checkbox"/> MODCROSSE	<input type="checkbox"/> Male (Juniors only)
		<input type="checkbox"/> Female (Juniors only)

**Disclaimer:** I ACKNOWLEDGE that playing, coaching, officiating or participating in any capacity in a lacrosse game, carries with it the risk of personal injury. To the extent permitted by law, I agree both on behalf of my child, or myself and in my own right to ABSOLVE and INDEMNIFY the West Australian Lacrosse Association Inc. ('WALA'), its Member Clubs and Associations, their Members, Officials, Coaches, Referees and Associations Sponsors from any or all liability, loss or damage however caused (whether by negligence or some other event) arising out of my, or my child's, participation in lacrosse games and training for such games. I agree on behalf of my child, or myself and in my own right to RELEASE AND FOREVER DISCHARGE the WALA its Member Clubs and Associations, their Members, Officials, Coaches, Referees and Associated Sponsors from all and any claims that I or my child may have had but for this release arising from my or my child's, participation in lacrosse games and training for such games. I AUTHORISE duly appointed WALA officers or duly appointed Member Club Officials to arrange medical or hospital treatment (including without limitation ambulance transportation) if I am not able or am not available to do so myself and I INDEMNIFY the WALA its officers and Member Clubs and Associations, their Members, Officials, Coaches, Referees and Associated Sponsors for all costs associated therewith. I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.

Signed Player/Member/Guardian

OFFICE USE ONLY	DATABASE ENTRY
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**PLEASE RETURN COMPLETED FORM TO WALA**  
**BY MAIL TO:** WALA PO Box 1633 OSBORNE PARK WA 6916  
**BY EMAIL TO:** lacrossewa2@optusnet.com.au  
**BY FACSIMILE:** 9242-5758