PMLA HOUSE LEAGUE REGISTRATION FORM

Player Info (Please print legibly)

First Name: _____ Last Name: _____

Fathers Name: _____ Mothers Name: _____

Date of Birth: _____ | _____ | _____ Male / Female
Month Day Year

Address: _____
Street City Postal Code

Phone: _____ Medical Conditions: _____

If you wish to receive PMLA updates, etc. via email please indicate full email address:

Email address: _____

Has this player **EVER** registered with the PMLA? _____

Years of Lacrosse Experience: _____ Shoots? Right Left

Will your child be trying out for any PMLA rep team this season? Yes / No

Would your child like to play Goal full time? Yes / No

I would like to play with: _____
One other player ONLY and must be reciprocal

Would you be willing to help the PMLA House League in any way?

Coach _____ Assistant _____ Convenor _____ Team Sponsor _____ Other _____

PMLA Cancellation Policy
Pre-Season: Registration fee will be refunded less 15%, less cost of t-shirt, less cost of lacrosse stick (if applicable).
NO REFUNDS WILL BE ISSUED AFTER THE SECOND WEEK OF HOUSE LEAGUE
ALL REFUND REQUESTS MUST BE SENT DIRECTLY TO THE VP OF FINANCE OR REFUND WILL **NOT** BE ISSUED

The PMLA reserves the right to move players between teams at any point of the season to balance teams.

Parent / Guardian Signature: _____ Date: _____

PMLA Use Only:

Amt Paid this player: $_____ Total Cheque Amt: $_____(if different)

Visa / Mcard (pls circle) Debit / Credit Trans#: _____ Cheque #: _____ Cash $: _____

Received by: _____ Name on cheque (if different than above): _____

Stick Issued: Eligible: _____ Not Eligible: _____ Stick Received: _____ Issued by: _____

T-Shirt Issued: Size: _____ Received: _____ Owed: _____ Issued by: _____