

MARKHAM MINOR LACROSSE ASSOCIATION – 2012 REGISTRATION

One form required per player



FAMILY & CONTACT INFORMATION

Player Surname Given Name

Birthdate Year Month Day Gender

Address City

Postal Code Home Phone Business Phone

Mother's Name Fathers Name

1st Email Address 2nd Email Address

I AM INTERESTED IN VOLUNTEERING WITH THE MMLA:

Coach Assistant Coach Yrs of coaching experience (any sport) _____

Convener Sponsor Other _____

HAS THIS PLAYER EVER REGISTERED WITH THE MMLA BEFORE?

Yes No

of Years Experience _____ Last Level Played: HL Rep Right Shot Left Shot Goalie

MMLA Special Request Policy: (eg. To have my child play with a friend)

The MMLA does not accept special requests for house league teams. Special requests can severely complicate the process of team creation (MMLA does not have enough volunteers to work through the number of request received) Children can make new friends on the team and carpooling can often be arranged with other parents on the team.

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

MMLA Information

To learn more about the MMLA program, please visit www.markhamlacrosse.com or speak to an Executive Member.

Signature of Parent/Guardian or Player (if Player is 18 or over)

