



**Winnipeg Elite Lacrosse**  
**Camp Registration Form**  
 Player information (Please Print)

Players (Please Print)

First name:	. Last name:
T-Shirt Size : Yth. ,L ,XL Adult.S, M,L	.Current MLA Member Yes/No
Birth Date:	.Sex:
Level of play : <b>Beginner/Intermediate/High level</b>	.What hand: <b>Right/Left</b>
Home club:	.Medical number:
Special medical conditions:	

Parents/Guardians (Please Print)

First name:	. Last name:
First name:	. Last name:
Address:	.Postal Code
Home Phone:	.Work/Cell Phone:
Emergency Contact Person:	.Emergency Phone:
.	.
Email Address:	.Work Email:

The registered parents/guardians \_\_\_\_\_ .Date: \_\_\_\_\_ hereby agree that the Winnipeg Elite Lacrosse and its administrators will not be held responsible for any accidents or loss however caused and agrees to release all instructors, staff, and sponsors from all claims for damages, which may arise as a result of/or by reason of such accidents or loss.

Photo and Video of my child may be used in advertising for WEL web site and illustration of camps for advertising purposes only.

- Yes I give permission
- No I don't give permission

My child would be interested in being a part of the WEL travelling team if chosen ?

- Yes
- No My child has other commitments

**Please "Note" all information is for insurance/office purpose only and will not be redistributed**