

# LWA u15 DEVELOPMENT SQUAD



**Registration & payments:** Subiaco Lacrosse Club Wed 3<sup>rd</sup> June 5.30

**Parent Info session:** Subiaco Lacrosse Club Wed 3<sup>rd</sup> June 6.30 -7.30

**First Squad Session:** Subiaco Lacrosse Club Wed 3<sup>rd</sup> June at 6.00 -8.00  
(clinic hosted by Under 19 Australian Team and coaches)

Registrations and payment on the day or prior by :

Email: [wills.a@bigpond.net.au](mailto:wills.a@bigpond.net.au)

BSB: 016112

ACC: 476625161



*Registration*

## PARTICIPANTS DETAILS

<b>SURNAME</b>	
<b>GIVEN NAMES</b>	
<b>HOME ADDRESS</b>	
<b>POSTAL ADDRESS</b>	
<b>DATE OF BIRTH</b>	
<b>MOBILE TELEPHONE</b>	
<b>EMAIL ADDRESS</b>	

## PARTICIPANT'S CLUB DETAILS

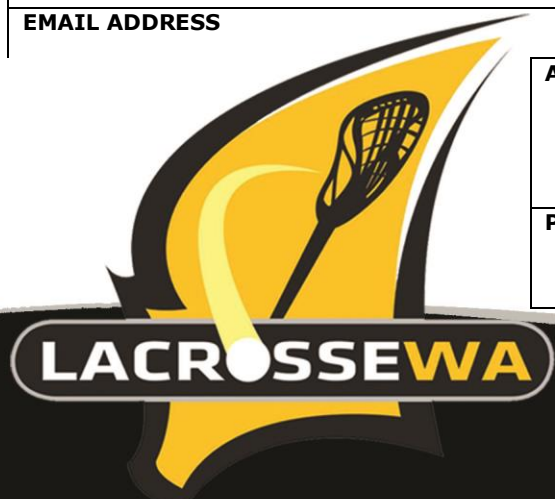
<b>HOME CLUB</b>	<b>PLAYING POSITION</b>
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## PARENT/GUARDIAN / EMERGENCY CONTACT DETAILS

<b>NAME</b>	1.	2.
<b>MOBILE TELEPHONE</b>	1.	2.
<b>WORK TELEPHONE</b>	1.	2.
<b>EMAIL ADDRESS</b>	1.	2.

**Allergies /medical Issues/Injuries**

**Permission to call ambulance if required**



**LACROSSEWA**