

# 2019 PLAYER REGISTRATION



## 1 – Player Information Shoots right ~ Shoots left



**COMPLETE IN ENTIRETY— DO NOT SEPARATE**  
 Player must sign only one registration card per season.

**SENIOR BOX**  
 PLAYER REGISTRATION  
 CERTIFICATE

Box Club Registered in <b>201</b>		DATE OF BIRTH		DAY	MONTH	YEAR
Surname			Given Name (s)			
Street Address					BC Care Card #	
City		Postal Code		Email Address:		
Team or Club <b>West Kootenay Timberwolves</b>		Has this player been transferred from another province? Yes <input type="checkbox"/> No <input type="checkbox"/>		Player's Telephone Number(s): Home: ( ) Cell : ( ) Work: ( )		
Transferred to (NAME OF TEAM)		Transfer Form & Payment attached: <input type="checkbox"/> (For current transfer only)				
SENIOR A <input type="checkbox"/>		SENIOR B <input type="checkbox"/>		SENIOR C <input type="checkbox"/>		JUNIOR A <input type="checkbox"/>
						JUNIOR BT1 <input type="checkbox"/>
						JUNIOR BT2 <input type="checkbox"/>
						JUNIOR BT3 <input checked="" type="checkbox"/>
<b>WAIVER AGREEMENT / INSURANCE</b>						
<p><b>Insurance Waiver.</b> I hereby certify to and agree to carry out fully all rules, regulations, policies and procedures of the British Columbia Lacrosse Association (BCLA) and the Canadian Lacrosse Association. In consideration of this application, I agree to play under the auspices of the BCLA, its officers, successors, member associations/teams/clubs and anyone acting on their behalf, and hold them free and clear from all manner of litigation, damage claims or demands in law or in equity which may have legal recourse by reason of bodily injury (including death) to myself, loss or damage to myself or property resulting from any cause whatsoever including without limitation the negligence of the BCLA, its officers, successors, member associations/teams/clubs and anyone acting on their behalf, which may occur during or by reason of my participating in games under its jurisdiction. This certificate has been issued at the discretion of the Association and may be suspended by them for cause.</p> <p><b>Insurance.</b> Allsport Insurance Marketing through SBC Insurance Agencies, a division of Sport BC provides the BCLA registered members with: Accident Medical/Dental benefits and \$5 Million Liability insurance coverage. The schedule of benefits outlining the details of the insurance coverage is available on the BCLA website <a href="http://www.bclacrosse.com">www.bclacrosse.com</a> and through the BCLA Office. <b>Please note: There is NO LOSS OF WORK COVERAGE.</b></p>						
Date	Player Signature		Signature of Parent or Guardian (if player is under 19 years of age)		Team Official	
I acknowledge that I have been informed of the extent and limitations of the medical/dental insurance coverage provided by the Association.						
Player Signature			Signature of Parent or Guardian (if player is under 19 years of age)			
Date	Commissioner		Senior Registrar		Signature	
				Date		

Nov 2017

SEND FORM INTACT TO: BCLA Office, #101 - 7382 Winston Street, Burnaby, BC V5A 2G9 (604) 421-9755 [www.bclacrosse.com](http://www.bclacrosse.com)

## 2 – Waivers and Insurance

Print, complete and attach the correct waiver: [Link to 18 and under waiver](#) and [Link to 19 and over waiver](#)  
 This is [the link](#) to the insurance coverage details mentioned on the INSURANCE section of BCLA card.

## 3 – Jersey Number

Returning players registered by March 11 keep their number from last season. Unclaimed numbers are available to registered players on a first come, first served basis. Registration is complete upon receipt of this registration form and a \$100 registration deposit (see Section 5).

Your preferred jersey number? \_\_\_\_ Your next two choices in order of preference? \_\_\_\_\_, \_\_\_\_\_.  
 Goalie jersey numbers are 00 and 1. Player jersey numbers are 2-28.

Your preferred jersey size (X, XL, or either)? \_\_\_\_\_. We have a limited supply of XXL jerseys.  
 For reference, L is 26.5" wide at chest and 20.5" long. Add 1" to each measurement for XL.

## 4 – Parent/Guardian Information

We like to keep parents in the loop! We also need game day volunteers and help on road trips.

Parent/Guardian email and phone number: \_\_\_\_\_

Parent/Guardian email and phone number: \_\_\_\_\_

How would you like to help? \_\_\_\_\_

---

## 5 – Cost and Payment Information

Cost to play is **\$550** in player fees plus **\$350** in sponsorship and fundraising. (Sponsorship & fundraising amount may be adjusted once we know team size and game day revenue).

The **player fee** covers basic team/league costs and includes the loan of game shorts & jerseys, and team helmet/gloves (until we run out). You get to keep sponsor-funded game-day polo shirt and warm up t-shirt.

### Need financial support?

We don't want anyone left out because of cost to play. Players can request alternate player fee arrangements. Players 18 and under can access financial support from KidSport and JumpStart to help offset player fees or equipment costs. The Timberwolves' contact for Financial Support program is Suzanne Belanger (Treasurer), 250-231-2287.

**Sponsorship and fundraising** covers travel plan. The team looks after transportation, accommodations and meals for players. The meals will consider food allergies, restrictions, preferences, etc.

**Pro-rated fees** are available for part-time players if part-time availability is disclosed at time of registration. We define part-time as missing more than 3 league games. Please select your availability:

I expect to play full time ~  I can only play part time

Season runs April 26 to July 17. We get May and July long week-ends off. We asked for June 14-16 off (tbc).

### Player fee payment schedule:

**\$100** deposit due at time of registration ~ **\$225** due by March 15, 2019 ~ **\$225** due by April 15, 2019

E-transfer to [wkjrlax@gmail.com](mailto:wkjrlax@gmail.com) password TWolves. Mail cheque payable to West Kootenay Timberwolves to Suzanne Belanger, PO Box 249, Rossland, V0G 1Y0.

### Sponsorship and fundraising:

Every player is asked to seek sponsorship and/or participate in fundraisers. We suggest aiming for \$200 in name bar or program ad sponsorship and \$150 in fundraisers, but any combination works. Registered players will receive sponsorship packages. We typically have more fundraising opportunity than player interest. Players may elect to purchase a \$350 travel plan rather than fundraise for it. Check all that apply:

I plan to seek sponsorship (deadline is about **March 30**).

I want to participate in fundraisers (normally **from February to May**).

I prefer to purchase part/all of my travel plan and will make a payment of \$\_\_\_\_\_.

---

## 6 – West Kootenay Timberwolves Society Membership

We operate as a non-for-profit Society. Members get notice of AGM to elect directors. Players (minors included) and adults may apply for membership. We encourage all players and parents to join the Society.

**Player application request:** Please accept this signature as my application for membership in the West Kootenay Timberwolves Lacrosse Society for October 1, 2018 to September 30, 2019.

X \_\_\_\_\_

Parent application request: Download, fill and return membership application form [available here](#).

---

## 7 – Registration Confirmation

**Player declaration:** Please accept my application to play on the West Kootenay Timberwolves. I understand that my or my parent/guardian signature below confirms my commitment to play for the 2019 season. I understand that that the Timberwolves reserve the right to select players from interested applicants. I understand that the \$100 registration deposit is not refundable other than for valid and documented medical reasons, or if I am not selected for the team (sign and date). X \_\_\_\_\_

**Team declaration:** By signing, this team declaration, the authorized Timberwolves designate\* confirms the applicant's selection for the 2019 season (sign and date). X \_\_\_\_\_

---

\*Must be signed by Head coach, President or Vice-President.