



OVERSEAS PLAYER PARTICIPATION FORM

Club: _____

Player Name: _____

Residential Address (Australia): _____

Email: _____

Nationality: _____

Visa Type: _____ **Visa Number:** _____

Does your Visa entitle you to coverage under Australia's Medicare (Please circle) Yes / No

Do you hold private health insurance cover for people from overseas (Please circle) Yes / No

Fund Name & Membership Number _____

Do you hold current Travel Insurance (Please circle): Yes / No

Travel Insurance Company: _____

Travel Insurance Policy Number: _____

Does the Travel Insurance Policy Cover Participation in the Sport of Lacrosse?

(Please circle) Yes / No

Has a 2017 Lacrosse Victoria Player Registration Form & Membership Declaration been completed and lodged with your association?

(Please circle) Yes / No

Player Signature: _____ **Date:** _____

Witness Name: _____

Witness Signature: _____ **Date:** _____