



Registration Form 2012

Surname							
Given Names							
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female						
Address							
Suburb				Post Code			
Phone Number (BH)			Phone Number (AH)				
Mobile Number			Date of Birth	/ /			
Email Address							
Club							
Occupation				Disability (if any)			
School (if any)							
Are you of Aboriginal origin	<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you of Torres Strait Islander origin	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Working with Children Details	Card Number:		Expiry Date:				
Registration / Accreditation (please tick ✓ below)							
Player	<input type="checkbox"/> Senior			<input type="checkbox"/> Non playing official/administrator			
	Junior	<input type="checkbox"/> U17/18	<input type="checkbox"/> U15/16	<input type="checkbox"/> U13/14	<input type="checkbox"/> U11/12		
NOAS Official Level	<input type="checkbox"/> Club	<input type="checkbox"/> Senior / ALRA 1		<input type="checkbox"/> National / ALRA 2		<input type="checkbox"/> International	
NCAS Coach Level	<input type="checkbox"/> Club Coach						
Player/Member Signature						Date / /	
Parent signature (where applicant U18 y.o)						Date / /	
Parent name							

All applicants for membership are required to complete and sign the Lacrosse Victoria Membership Declaration – see separate form.

Administrative use only:

Date received:

Signed: