



## 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 this year's 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: \_\_\_\_\_