



X-TREME LACROSSE LEAGUE

2018/19 Winter Season

For schedule and league information visit xtremethreads.ca/xtreme-lax-league

This form must be completed by each participant. Please print clearly or complete interactive PDF form (must have Adobe Reader, available as free download).

Registration & Payment Form

Participant Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (Day): _____ Telephone (Evening): _____

E-mail Address: _____

Date of Birth (1999 or earlier): _____ Shorts Size (S/M/L/XL/XXL): _____

Position: Attack Midfield Defense Goaltender Dominant Hand: Right Left

Field Lacrosse Experience: _____

Method of Payment

Amount: \$240 (including tax)

Cheque* Cash Debit Credit Card**

* Cheques to be made out to X-treme Threads. NSF Cheques will result in a \$25 fee per payment.

** If paying via credit card, please provide information below

I hereby authorize X-treme Threads to charge \$240 to the credit card listed below. I have the authority to use this card

Type of Credit Card: (please indicate one) Visa Mastercard American Express

Name of Cardholder: _____

Credit Card Number: _____ Expiry Date: (month/year) _____

Signature of Cardholder: _____ Date: _____

Please return completed form to Xtremelacrosseleague@gmail.com



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Medical Release Form

Medical Information

Doctor's Name: _____

Phone Number: _____

Care Card Number: _____

Emergency Contact: _____

Allergies: Yes No Medication: Yes No

If yes, provide details: _____

Signature of Participant: _____ Date: _____