

REGINA FIELD LACROSSE • 2018 SEASON REGISTRATION FORM



PARTICIPANT'S INFORMATION

First Name: _____ Last Name: _____
Gender: MALE FEMALE Date of Birth (DD/MM/YYYY): ____/____/____
Street Address: _____ City/Town: _____ Province: _____
Postal Code: _____ Aboriginal Status: YES NO

Age Category: SENIOR

PARTICIPANT'S MEDICAL HISTORY

Medical Condition(s): _____
Previous Injuries: _____
Allergies: _____
Additional Information: _____

Would you be able to attend the following tournaments?

- | | | | |
|----|--|-----|----|
| 1. | Yorkton Tournament - Sept. 8-9, 2018 | YES | NO |
| 2. | Regina Tournament - Sept. 15-16, 2018 | YES | NO |
| 3. | Saskatoon Tournament - Sept. 22-23, 2018 | YES | NO |



**PLEASE SUBMIT REGISTRATION FORM and E-TRANSFER VIA EMAIL TO
FIELDLACROSSEREGINA@GMAIL.COM**