



Toronto Lightning Lacrosse



2024 Adult Recreational Programs Registration Form

Toronto Lightning Lacrosse (416) 269-6466
455 Danforth Avenue, Suite 650, Toronto, ON M4K 1P1

Visit our website at www.torontolightninglacrosse.com email: ninogaspari@rogers.com

NAME: _____ LEVEL: NEW
 INTERMEDIATE
 EXPERIENCED

SHOOTS: L R POSITION _____

JERSEY NUMBER(S): _____ (pick 3)

ADDRESS: _____ POSTAL CODE _____

PHONE: H (____) _____ HEALTH CARD #: _____
 W (____) _____
 C (____) _____ EMAIL: _____

DATE OF BIRTH: _____ AGE: _____ JERSEY SIZE: _____

EMERGENCY CONTACT NAME: _____ #: _____

Mission: To provide fun, safe recreational lacrosse programs in an enjoyable environment, and to honour the game of lacrosse.

Programs (check where applicable):

ADULT RECREATIONAL LEAGUE

WINTER LEAGUE – January 14 - April 28, 2024. Sundays 4:30 - 8:30pm. 13 games. \$220

NOTES:

- 1) Add \$30 for new Adult Rec League Registration and jersey (if applicable).
- 2) Days and/or program times are subject to change with 7 (seven) days notice given to participants.
- 3) All lacrosse games are a non-body contact (safe) format.
- 4) All participants must wear a CSA certified helmet/mask combination.
- 5) Games played at Stephen Leacock Community Centre at 2500 Birchmount Ave. (just north of Sheppard Ave.)

The undersigned hereby applies for individual registration in the Lacrosse Season for the aforementioned fee, and agrees to be bound by the rules and regulations of the League. It is understood that absolutely no personal alcohol is permitted to be consumed on the property of Stephen Leacock Arena or any associated facility. Violation of such rules may result in a team/player fine or suspension with no refund whatsoever. Furthermore, I am in sufficient physical health in my opinion to be playing competitive lacrosse. I hereby clear TLL and its agents and affiliates and Toronto Lightning Lacrosse against any liability in the event of injury to my person, damage or theft to my possessions or personal property that occurs on arena premises before, during or after league sessions and/or games organized or sanctioned by Toronto Lightning Lacrosse. I also fully understand that there is no insurance for medical or dental provided by the TLL for any events I participate in. I agree to emphasize fair play and will respect all players, officials and spectators to the best of my ability.

Signature: _____ Date: _____

IF PAYING BY CHEQUE, MAKE PAYABLE TO: **TLL**

Mail to: Toronto Lightning Lacrosse
455 Danforth Avenue, Suite 650
Toronto, ON M4K 1P1

REGISTRATION FEE PAYMENTS:

AMOUNT: _____ PAYPAL: _____ CASH: _____ CHEQUE: _____ BALANCE: _____

LEAGUE USE ONLY:

LEAGUE SIGNATURE FOR PAYMENT: _____ DATE RECEIVED: _____