



Volunteer Commitment Form

The Chadstone Lacrosse Club is run by a small but dedicated group of volunteers. We need your help in getting our teams on the field. There are many ways that you can help, either in a small role or by taking on a larger commitment.

Every Senior Player is required to contribute their time to our club in some way.

It is expected that a Parent of each junior player will contribute their time/expertise to our club.

Please indicate your area of interest –

- Refereeing - please circle: Junior / Senior
- Fundraising / Sausage sizzle
- Bar Roster (I have completed a Responsible Serving of Alcohol Course - yes / no)
- Canteen Roster
- Club Social Activities

Name:

- Senior player
- Parent of junior player

Email address:

Best contact No:

Signed:

Dated:



Chadstone Lacrosse Club Inc.

PO Box 5136, Hughesdale Vic 3166

Treasurer: Gillian Lee (Mob: 0408 166 698)

2011 Season Registration Form

Player's Details: (please use block letters)

TEAM: Senior Men / Women
(please circle)

Surname:			
Given Name:			
Address:			
	Post Code:		
Home ph:	Mobile:		
Email:			
Date of Birth:			
Occupation: *			
If Student:	Full time / part time	Field of Study: *	
Ed Institution:			
Student ID:	A copy of your current student ID must be attached to this form if claiming concession fees.		
Emergency Contact:	Mobile:		

* Occupation / Field of study fields are optional. Information gathered for a Club skills data base purpose only.

** Student discount applies to full time study only.

Fees:

Season Fees	Lax Vic Fees	Club Fees	Total due
Senior Men / Women	\$ 210.00	\$ 100.00	\$ 310.00
Full-time Students	\$ 210.00	\$ 60.00	\$ 270.00
Uniform levy (not applicable if Club approved playing top owned)		\$ 10.00	\$ 10.00
Total fees payable		Cash/cheque	\$

Payment Options: Cash or cheque (payable to *Chadstone Lacrosse Club*)
to Treasurer or Team Manager



EFT

BSB: 083-187
A/c No: 555811499
Ref: Players Name

Credit Card (full fee payment only) Surcharge of 3% will apply

Credit Card No: _____ / _____ / _____ / _____

Expiry Date: ____ / ____

Email remittance to
treasurer@chadstonelacrosse.com.au

Signature: _____

Will appear on your statement as Netskills Pty Ltd.

PLEASE NOTE: Fees MUST BE paid in full prior to Round 1 of the Season. If you wish to pay by instalments, all instalments MUST BE finalised by Round 1.

If you are having difficulty paying fees – please speak to to the Treasurer, Gillian Lee (0408 166 698) or your Team Manager. Our Fee Policy is set out on the reverse side.

A VOLUNTEER COMMITMENT FORM fully completed and sign must accompany this form for your Registration to be complete.

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Fees Policy

- Payment of fees is **mandatory**.
- The Club requests that full payment of fees is made upon Registration.
- Fees are due and payable **in full** prior to the **first game of the season**.
- Players or members should approach their Team Manager or the Treasurer if they are having difficulty with payment of fees as the Club has a process for negotiating alternative arrangements.
- On non-receipt of fees after the **second** game of the season, the issue shall be referred to the Committee of Management.
- The committee has the discretion to suspend any player for non-payment of fees.
- A full copy of the Club's Fee Policy is available upon request.

PRIVACY: Your details will be disclosed only to Chadstone Lacrosse Club and Lacrosse Victoria personnel. You will be able to access your personal information through the Committee upon reasonable notice. **If any details change throughout the season, please immediately notify your Team Coach/Manager.**

Safety Information:

Do you suffer from Asthma? Yes No **Always bring your medication to all training and games.**

Do you have any allergies? (eg. Medication, cream, tape, bandaids, peanuts) Yes No

Specify

Do you have a medical condition (eg. Diabetes, epilepsy) or previous injuries that your Coach should be aware of?

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.....
.....
.....

BEHAVIOUR: I agree that I will comply with the "Codes of Behaviour", a copy of which has been provided to me. I further agree that the Club may impose any restrictions or conditions on my participation in the Club and may exclude me from any Club games or activities (or take such other action the Club considers appropriate) if I breach the Codes of Behaviour in any respect.

I have read understood and agree to the above terms and certify that all information provided by me is true and correct.

SIGNED
(Players Signature)

DATED.....



Registration Form 2011

Surname			
Given Name			
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:



Membership Declaration 2011

I[insert name]
of[insert address] hereby apply for membership of Lacrosse Victoria.

In consideration of my application for membership being accepted I **acknowledge and agree** that:

1. In this membership declaration:

"Affiliated Club" means an affiliated member of Lacrosse Victoria *.

"Claim" means and includes any action, suit, proceeding, claim, demand, damage, cost or expense however arising including but not limited to negligence but does not include a claim against a lacrosse organisation under any right expressly conferred by its constitution or regulation.

"Lacrosse Activities" means performing or participating in any capacity in any authorised or recognised lacrosse activity endorsed by Lacrosse Victoria.

"Lacrosse Organisation" means and includes LV, ALA and where the context so permits, their respective directors, officers, members, servants or agents.

"LV" means Lacrosse Victoria Incorporated.

"ALA" means Australian Lacrosse Association Limited.

2. **If my application for membership is accepted I will be a member** of Lacrosse Victoria

..... [insert name of Affiliated Club]. I acknowledge my membership will be deemed to be accepted upon my participation in lacrosse activities and I acknowledge that I will be bound by and agree to comply with the constitutions, regulations and policies of the lacrosse organisations of which I become a member.

3. **Warning:** Lacrosse activities can be inherently dangerous. I acknowledge that I am exposed to certain risks during lacrosse activities including but not limited to physical exertion, contact with lacrosse equipment (including stick, ball, shoes, protective eye-guards and headgear), body contact, ground contact, playing conditions (including indoor and outdoor surfaces/venues), weather, game associated items and fixed periphery ground items. I acknowledge that accidents can and do happen which may result in me being injured or even killed, or my property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in lacrosse activities.

4. **Exclusion of Implied Terms:** I acknowledge that where I am a consumer of recreational services, as defined by any relevant law, certain terms and rights usually implied into a contract for the supply of goods or services may be excluded. I acknowledge that these implied terms and rights and any liability of the lacrosse organisations (or any of them) flowing from them, are expressly excluded to the extent possible by law, by this membership declaration. To the extent of any liability arising, the liability of the lacrosse organisation will, at the discretion of the relevant lacrosse organisation, be limited to the resupply of the services or goods or payment of the cost of having the services or goods supplied again.

5. **Release and Indemnity:** In consideration of Lacrosse Victoria accepting my application for membership I:

- (a) release and will release the lacrosse organisations from all claims that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any lacrosse activities; and
- (b) indemnify and will keep indemnified the lacrosse organisations to the extent permitted by law in respect of any claim by any person arising as a result of or in connection with my membership and/or participation in any lacrosse activities.

6. **Fitness to Participate:** I declare that I am medically and physically fit and able to participate in any lacrosse activities. I will immediately notify Lacrosse Victoria in writing through my affiliated club of any change to my medical condition, fitness or ability to participate. I understand and accept that the lacrosse organisations will continue to rely upon this declaration as evidence of my fitness and ability to participate.

7. **Medical Treatment:** I consent to receiving any medical treatment that a lacrosse organisation reasonably considers necessary or desirable for me during my participation in lacrosse activities. I also agree to reimburse the relevant lacrosse organisation for any costs or expenses incurred in providing me with medical treatment.

Signed: Date:

8. **Right to Use Image:** I acknowledge and consent to photographs and electronic images being taken of me during my participation in any lacrosse activities. I acknowledge and agree that such photographs and electronic images are owned by Lacrosse Victoria and that the lacrosse organisations may use the photographs for promotional or other purposes without my further consent being necessary. Further, I consent to the lacrosse organisations using my name, image, likeness and also my performance in the lacrosse activities, at any time, by any form of media, to promote the lacrosse activities.

9.

YES (please tick)	<input type="checkbox"/>
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NO (please tick)	<input type="checkbox"/>
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 consent to my email address, provided on the registration form being used for by the lacrosse organisations for the specific purpose of informing me of information related to lacrosse activities.

10. **Privacy:** I understand that the information I have provided on the registration form and overleaf/above is necessary for the objects of the lacrosse organisations. I acknowledge and agree that the information will be disclosed by my affiliated club to Lacrosse Victoria and will only be used for the objects of the lacrosse organisations, lacrosse organisation general business and to provide me with membership services. I understand that I will be able to access the information through my affiliated club. If the information is not provided my membership application may be rejected.

I acknowledge that the lacrosse organisations may also use my personal information for the purposes of providing me with promotional material from lacrosse organisation sponsors or third parties. I may advise Lacrosse Victoria if I do not wish to receive from the lacrosse organisations, any sponsor or third party promotional material.

11. **Severance:** If any provision of this membership declaration is invalid or unenforceable in any jurisdiction, the phrase or clause is to be read down for the purpose of that jurisdiction, if possible, so as to be valid and enforceable. If the phrase or clause cannot be so read down it will be severed to the extent of the invalidity or unenforceability. Such severance does not affect the remaining provisions of this membership declaration or affect the validity or enforceability of it in any other jurisdiction.

12. **I have provided the information as required on the registration form and overleaf/above and have signed this declaration and the registration form.** I warrant that all information provided is true and correct. I acknowledge this membership declaration cannot be amended. If I do amend it my application will be null and void. It cannot be accepted by Lacrosse Victoria.

I have read, understood, acknowledge and agree to the above terms including the warning, exclusion of implied terms, release and indemnity.

Signed: Date:

Name:

Where the applicant is under 18 years of age this declaration must also be signed by the applicant's parent or legal guardian.

I, am **the parent or guardian** of the applicant. I authorise and consent to the applicant undertaking the lacrosse activities. In consideration of the applicant's membership in Lacrosse Victoria being accepted, I expressly agree to be responsible for the applicant's behaviour and agree to accept in my capacity as parent or guardian, the terms set out in this membership declaration, including the provision by me of a release and indemnity in the terms set out above. In addition, I agree to be bound by and to comply with the Lacrosse Victoria constitution and any regulations and policies made under it.

Further, I AGREE / DISAGREE (please circle as appropriate) to the applicant playing up two grades above their given age group.

Parent's signature: Date:
(where applicant under 18 years old)

Parent's name:



Application for Membership of the Chadstone Lacrosse Club Inc.

I,,
(name)

of,
(address)

.....
(Email address)

desire to become a member of the **Chadstone Lacrosse Club Inc.**

In the event of my admission as a member, I agree to be bound by the Rules of the Association for the time being in force.

Signed: Dated:

I,, a Member of the Association, nominate the Applicant, who is personally known to me, for membership of the Association.

Signed Proposer: Dated:

I,, a Member of the Association, nominate the Applicant, who is personally known to me, for membership of the Association.

Signed Seconder: Dated:

OFFICE USE ONLY: Membership fee paid
 Membership approved by Committee