

2015 REQUEST FOR GOALKEEPER EQUIPMENT EXEMPTION

Valid for the 2015 playing season only

This form will not be accepted without photographs of the goalie in equipment



Please submit form to info1@lacrosse.ca by May 31, 2015

Player Name: _____

Address: _____

Player Date of Birth: _____ Age: _____

Exemptions applying for (please check all that apply)

- Shoulder pads
 Leg guards
 Pants

Measurements

Height: _____
Weight: _____ (from top of shoulder to wrist bone)
Arm Length: _____
Waist: _____ (circumference at belly button)
Ankle to knee: _____
Torso _____ (from collarbone to hip bone)
Parent/Player contact e mail: _____
Local Association contact e mail: _____

Local Association President Signature

Local Association President Name

MA Signature

Approved by CLA

CLA S&E Committee Chair Signature

Not Approved by CLA

Date of CLA Approval: _____

Please note that, once approved, it is the responsibility of the player to carry a copy of this form to all games.

The official may request that the player staple a copy of the form to the game sheet.