

Step by Step Tri City Masters Field Registration Instructions

Once you click on the link provided in the email this screen will appear:

Select "I accept" then click on Proceed to Registration



Welcome to the online registration system of:

Tri City Masters

7861 McGregor Avenue
Burnaby, BC V5J 4H4
Website: tricitymasters.com

Registrar

Deb Heard
debheard@shaw.ca

Registration Fees

Division	Year Born	Age	Regular
Masters	1986 & Older	35+	\$0.00

All registration fees are in Canadian dollars (CAD).

General Information

2021 Registration notice

Due to COVID-19 protocols, we will not be collecting fees at this time. Please choose e-transfer but do NOT make payment. Fees will be determined later on based on what COVID permits us to do. I will contact everyone later on, once we know what is happening. - Deb Heard

Spares:

To spare in the 2021 season you will need to complete this online registration. The spare fee will be determined once we know what the 2021 season will look like.

However you MUST BE REGISTERED by Friday, March 8, 2021.

Terms and Conditions

As the parent/guardian of the child(ren) I am registering, I confirm that all information I submit is accurate. If it is determined at any time after the registration is processed, that I have registered with an association that is outside of my residential catchment area, and the proper release has not been obtained from the local commission, the registration shall be deemed null and void and my money refunded.

I accept:

[Proceed to Registration »](#)

Payment Methods Accepted

e-transfer

Refund Policy

See Deb Heard for any questions.

Privacy Policy

All information collected during registration will only be used by my local lacrosse association and the British Columbia Lacrosse Association for registration purposes. The information collected will not be shared with any parties outside of the BC Lacrosse Association and its members.

This screen will appear and you need to complete **ALL** the sections with *** as well as Comments**

NOTE – For birth certificate # just put your year of birth

NOTE -Under comments indicate Full time OR Spare AND if you are **NEW** please note such as well
If you selected Runner under Position note if Pole or Short Stick and Hand (L/R)



Player Registration > Association Options > Code of Conduct > Billing & Payment > Summary & Confirmation

Please complete the form below. Mandatory fields are marked with *

Player Information

First Legal Name *	<input type="text"/>
Last Name *	<input type="text"/>
Middle Name	<input type="text"/>
Known As	<input type="text"/>
Gender *	<input type="radio"/> Male <input type="radio"/> Female
Date of Birth *	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
Medical # *	<input type="text"/>
Medical Alerts	<input type="text"/>
Birth Certificate # *	<input type="text"/>
Position *	<input type="text"/>
Comments	<input type="text"/>
Aboriginal Ancestry?	<input type="checkbox"/>
This declaration is Optional. By filling out this area, you will receive information about additional lacrosse program opportunities specifically directed at individual who are of Indigenous Descent.	

Association

1. Tri City Masters

Player Contact Information

Address *	<input type="text"/>	<i>Field is required.</i>
City *	<input type="text"/>	
Province *	British Columbia	
Country *	Canada	
Postal/Zip Code *	<input type="text"/>	
Home Phone *	<input type="text"/>	
Work Phone	<input type="text"/>	
Cell Phone	<input type="text"/>	
Email	<input type="text"/>	

Next »

For Contact info please use the email address you want me to add to MailChimp for club/Team Leader emails.

This screen will appear and you need to Accept then click Next.

Player Registration > Association Options > Code of Conduct > Billing & Payment > Summary & Confirmation

Code of Conduct

I will participate because I want to, not just because my parents or coaches want me to.

I will play by the rules, and in the spirit of the game.

I will control my temper - fighting and mouthing off can spoil the activity for everybody.

I will respect my opponents.

I will do my best to be a true team player.

I will remember that winning isn't everything - that having fun, improving skills, making friends and doing my best are also important.

I will acknowledge all good players/performances - those of my team and of my opponents.

I will remember that coaches and officials are there to help me. I will accept their decisions and show them respect.

Accept *

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This screen will appear and you need to select the only option in the *drop down* menu (E-transfer) then complete the Billing Information (even though you aren't making a payment via this system as it's hard coded into the system and we can't have it removed). Then click Next

Player Registration > Association Options > Code of Conduct > Billing & Payment > Summary & Confirmation

Please complete the form below. Mandatory fields marked *

Payment Method

Type *

Payment Notes

Please note there is a 3% fee for using PayPal. That is what they charge us to use it so we have added it to the registration fee if you use PayPal.

Billing Information

First Name *

Last Name *

Address *

City *

Province *

Country *

Postal Code *

Phone *

Email *

Re-enter Email *

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This screen will appear and you need to select “By clicking here,.....”

Then select Process Registration.

You will receive a system generated email confirming your registration.

Insurance / Waiver Agreement

Insurance. Markel Canada Limited through SBC Insurance Agencies, a division of Sport BC provides the BCLA registered members with Accident Medical/Dental benefits and \$5 Million Liability insurance coverage. The schedule of benefits outlining the details of the insurance coverage is available on the BCLA website www.bclacrosse.com and through the BCLA Office. **Please note:** There is **NO LOSS OF WORK COVERAGE**.

Waiver Agreement. In order to proceed with this registration. You must read the [Over the Age of Majority - BCLA Insurance Waiver](#) and agree to its terms below.

By clicking here, you agree that you have read and agree to the terms of the above Agreement (Over the Age of Majority - BCLA Insurance Waiver).

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Process Registration

