	de crosse Asso	
2019 REQUEST	FOR GOALKEEPER EC	QUIPMENT EXEMPTION
	Valid for the 2019 playing se	-
	t be accepted without photograph	
Please s	ubmit form to james@lacrosse	.ca by May 31, 2019
Player Name:		
Address:		
Player Date of Birth: _		Age:
-		- –
Exem	ptions applying for (please che	ck all that apply)
	of equipment in ubmitted photos	Size of equipment requested
Height:		
Height: Weight:		
Height: Weight: Arm Length:		from top of shoulder to wrist bone circumference at belly button
Height: Weight: Arm Length: Waist:		from top of shoulder to wrist bone
Measurements Height: Weight: Arm Length: Waist: Ankle to Knee: Torso		from top of shoulder to wrist bone
Height: Weight: Arm Length: Waist: Ankle to Knee: Torso Parent/Player Contact Email:		from top of shoulder to wrist bone circumference at belly button from collarbone to hip bone
Height: Weight: Arm Length: Waist: Ankle to Knee: Torso Parent/Player Contact Email:		from top of shoulder to wrist bone circumference at belly button from collarbone to hip bone
Height: Weight: Arm Length: Waist: Ankle to Knee: Torso		from top of shoulder to wrist bone circumference at belly button from collarbone to hip bone
Height: Weight: Arm Length: Waist: Ankle to Knee: Torso Parent/Player Contact Email: Local Association contact Email:		from top of shoulder to wrist bone circumference at belly button from collarbone to hip bone