



Request for Out-of-Province/Out of Country Travel/Event

Date: _____ **Association:** _____

Discipline: Box Field Women's Field **Division/Level:** _____

Team Name: _____ **Team Contact:** _____

Phone: Home: _____ Cell: _____ Work: _____

E-Mail: _____

PLEASE INCLUDE THE COMPLETE ROSTER OF THE TRAVELING TEAM, including Coaches.

EVENT INFORMATION

Name of Tournament/Event: _____

Dates of Tournament/Event: _____

Location of Tournament/Event: _____

Name of Host Organization: _____

Contact: _____

Phone Number: _____ E-Mail Address: _____

TRANSPORTATION

Departure Date to Event: _____ Mode of Transportation: _____

Departure Date from Event: _____ Mode of Transportation: _____

ACCOMMODATIONS

Name and Location of Accommodations: _____

Dates of Accommodations check-in/check-out: _____

OUT-OF COUNTRY TRAVEL INSURANCE.

For **out of country travel only** – The BC Lacrosse Association carries Out-of-Country Medical Insurance in our insurance package for teams whose individuals are **all currently registered members** (athletes, coaches and team personnel, managers, chaperones and referees) traveling out of country, as long as a travel permit has been submitted with a list of all people traveling, and as long as the travel permit is approved by the BCLA and respective Directorate/League. The same policies apply – athletes must be currently registered and coaches must be currently registered and properly certified. If you have any questions, please contact the BCLA Office. This cost will be absorbed by the BC Lacrosse Association.



Conditions of Approval of Travel Permit:

1. A team wishing to compete in tournament/exhibition games in another province and/or out of country must first submit this Travel Permit to the British Columbia Lacrosse Association. All information requested on this form of this request must be completed. The Permit must be received by BC Lacrosse Association no later than fourteen (14) days prior to the event.
2. Only teams made up of players and coaches duly registered with the British Columbia Lacrosse Association can obtain a travel permit. A list of the team roster including coaches must accompany this travel permit. Coaches are to be identified by NCCP number and certification level.
3. Teams must have permission from each player's home association president to travel with this team.
4. Teams traveling out of country must purchase additional medical insurance for that country.
5. Traveling teams may only compete against opponents or in tournament events approved in this permit. Games must be sanctioned by a recognized lacrosse governing body.
6. Traveling teams must adhere to the rules of the competition in which it is participating.
7. Teams participating in any tournament or exhibition series shall abide by the host's rules in regards to any minor and major suspensions, which may be more or less severe than BCLA suspensions guidelines. Teams must ensure any suspensions in force from their local association are served during the games with game sheets marked accordingly on tournament games covered by this Permit. Any new suspensions received at the tournament shall be carried over and served during subsequent local association / BCLA sanctioned games.
8. Submit a copy of all game sheets to your local commissioner within three (3) days of returning home from the tournament. Failure to do so may result in additional disciplinary action / suspension of the coach(s).
9. Traveling teams shall remain subject to the Operating Policies & Codes of Conduct in so far as disciplinary matters and behavioral conduct are concerned. Teams are representing their local association and the BCLA, therefore, the conduct of the team must be indicative of this responsibility.

I hereby state the above mentioned team will abide by the conditions set forth by the British Columbia Lacrosse Association.

Team Representative

Date of Request: _____

Print Name: _____ **Signature:** _____

Club/Association President(s) Approval

Date: _____ Name of Association: _____

Print Name: _____ Signature: _____

Date: _____ Name of Association: _____

Print Name: _____ Signature: _____

Date: _____ Name of Association: _____

Print Name: _____ Signature: _____

Date: _____ Name of Association: _____

Print Name: _____ Signature: _____

BCLA Approval

Date: _____ Name of Directorate: _____

Print Name: _____ Signature: _____



Request for Travel Permit Team Roster
(This form or a complete roster to be attached to application)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____
13 _____
14 _____
15 _____
16 _____
17 _____
18 _____
19 _____
20 _____
21 _____
22 _____

TEAM PERSONNEL:

Head Coach: _____
Assistant Coach: _____
Team Manager: _____
Team Trainer: _____