Huntsville Lacrosse Association Team Try Out

Consent Form

PARENT/GUARDIAN AGREEMENT AND INSURANCE INFORMATION

1. **Readiness to Participate:** I will only allow my child to participate in those Huntsville Lacrosse Association activities for which I believe my child is physically and psychologically prepared to compete.
2. **Medical Attention:** I hereby give my consent to Huntsville Lacrosse Association, and the host organization of any event in which the Huntsville Lacrosse Association participates, to provide (through a medical staff of its choice and at my expense) customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my child's participation in the Huntsville Lacrosse Association activities/events. This consent applies only in the event that I or another legal guardian or family representative qualified and permitted to make such decisions is not present to provide consent or decisions on medical treatment.
3. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my child, my heirs, and personal representative, that the Huntsville Lacrosse Association, any host organization of an event in which the Huntsville Lacrosse Association participates, and sponsors of any US Lacrosse sanctioned event, along with the coaches, volunteers, employees, agents, officers, and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damages occurring as a result of my child's participation in Huntsville Lacrosse Association activities or the events in which the Huntsville Lacrosse Association participates. As the legal parent or guardian of the player described above, I hereby verify by my signature below that I fully understand and accept each of the conditions described above and any other conditions required by the Huntsville Lacrosse Association for permitting my child to participate in any Huntsville Lacrosse Association activity.

Players Name:	Parent/Guardian Signature:	Email:

Players Name:	Parent/Guardian Consent:	Email: