Aloha 3v3 Chumash Lacrosse Tournament 2013

Player Participation Agreement, Liability Waiver, and Medical Consent.

revised 2013.02.19

Player Name:_____

Parent/Guardian Name:_____ Phone:_____

Address:_____

e-mail:_____

Emergency Contact Name:_____ Phone:_____

Medical Information:
(List any information that may be necessary or helpful in the event medical treatment is needed for the player, including conditions, allergies, physician or dentist name, etc.)

_____

_____

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_____

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I understand that participation in the sport of lacrosse may result in injuries and that the protective equipment does not prevent all injuries to players. I do hereby waive, release the event organizers, and any persons or organizations associated with said event from any and all claims and liability arising out of injury to the above named player.

I understand that participation in the event is subject to the current US Lacrosse code of conduct, available online at http://www.uslacrosse.com .

In the event of an emergency, I authorize medical treatment and/or transportation to the nearest hospital, as deemed necessary, for the above named player.

Parent/Guardian/Adult Signature:

_____ Date:_____