

**Dobbs Ferry Youth Lacrosse Inc.  
Spring 2018  
Parental Waiver & Release**

Player Name: \_\_\_\_\_

Player Grade: \_\_\_\_\_ Player Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Mother's Mobile Number: \_\_\_\_\_ Father's Mobile Number: \_\_\_\_\_

U.S. Lacrosse membership ID# (required): \_\_\_\_\_

I the parent or guardian of the above named child, do hereby give my approval for his/her participation in activities of Dobbs Ferry Youth Lacrosse Inc. and according to advice from our physician, he/she has no physical disability or defect which would preclude him/her from participation in lacrosse. I (we) assume all risks and hazards incidental to the conduct of the activities of lacrosse, I (we) acknowledge that lacrosse is a contact sport, involves body checking and stick checking and my (our) child can be injured in the activities of lacrosse, I am fully aware of and appreciate the risks, including the risks of serious injury and or death as well as other damages and losses associated with participation in the activities of lacrosse. I (we) on behalf of myself, my heirs and personal representatives hereby release, absolve, indemnify and hold harmless Dobbs Ferry Youth Lacrosse Inc, and their respective coaches, volunteers, and representatives from any liability whatsoever in connection with any injury, loss of life or other loss or damage I or the player named above may sustain as a result of participation in the activities of Dobbs Ferry Youth Lacrosse Inc.. I consent to emergency medical treatment of the above named child.

SIGNATURE OF PARENT or GUARDIAN X \_\_\_\_\_

Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_