

# LLC LAX

## REGISTRATION FORM - Medical MEDICAL PERMISSION TO TREAT

LLC Little Laxers \_\_\_\_ Grade \_\_\_\_ / LLC Boys Competitive \_\_\_\_ Grade \_\_\_\_

Player's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

### Insurance Information:

Carrier: \_\_\_\_\_ Number: \_\_\_\_\_

### Emergency Contact if Parent or Guardian cannot be reached:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

*Parents/Guardians are advised to have a physician give their child a complete physical examination prior to their playing in the Lawrence Lacrosse Club program.*

In the event of an emergency, I hereby authorize the Lawrence Lacrosse Club to have \_\_\_\_\_ treated by a physician or dentist.

My child is subject to the following allergies or medical conditions, and I authorize LLC to disclose these conditions to a physician or other medical professional should emergency medical care be needed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Signature Date