

NORTHSHORE LACROSSE CLUB

MEDICAL CONSENT

As the parents or legal guardian, I am aware that practicing or playing lacrosse can be a dangerous activity involving risk of injury. I am aware of the Zach Lystedt Law pertaining to concussions and have signed the form relating to this Law. Because of these dangers, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules. I give my permission for my child to practice and play lacrosse.

In the event of a possible injury, I authorize the coaching staff to render any necessary emergency aid. I also authorize the coaching staff to arrange for professional emergency care such as EMS, emergency room transportation, including consultation and treatment by a specialist. Every effort will be made to contact the parents or guardians regarding the nature of the problems and the treatment involved beforehand.

Player's Name: _____

Parent or Guardian's Name: _____

Parent / Guardian Signature: _____

Date: _____