



## Edmonds Lacrosse Club Authorization and Release

### **Please read this carefully.**

By signing below, in consideration of the opportunity to participate in lacrosse with Edmonds Lacrosse Club (the “Club”), \_\_\_\_\_ (“Player”) and the parents or guardians of the Player acknowledge and agree to the following.

1. We understand that lacrosse is a very physical and potentially hazardous contact sport, and that participation on Edmonds Lacrosse Club may result in serious injury or death to the Player or other participants. We certify that the Player is familiar with the rules of the game and of the field, and will to the best of the Player’s ability play under control and avoid injury to the Player or other participants. We understand that the Player should not participate in this program if the Player is under the influence of drugs or alcohol or if there are any other physical conditions that may impair the Player’s ability to understand instructions or to participate without creating risk to the Player or others.
2. We certify that the Player is covered by a valid medical and dental insurance plan that is and will be in force throughout the lacrosse season. We certify that the player is a current US Lacrosse member and will remain so throughout the lacrosse season. Further information can be found at the US Lacrosse website: <http://www.uslax-wa.org/>.
3. Attached to this Authorization and Release is an Emergency and Medical Information form for the Player. Any medical condition that the coaches and parent volunteers should be aware of is listed on that form, along with all necessary emergency contact information for the Player. We certify that the information on that form is true and correct to the best of our knowledge.
4. We hereby authorize the coaches and parent volunteers: to seek medical attention for the Player, according to their best judgment; to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Player under the general or special supervision or on the advice of any physician or surgeon licensed to practice in the state of Washington; and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to the Player under the general or special supervision or on the advice of any dentist licensed to practice in the state of Washington.
5. We acknowledge that the coaches and parent volunteers may provide transportation to and from practice sessions and games. As parents or guardians of the Player, we give our consent for the Player to be transported by the coaches and parent volunteers. We agree to

release the coach and parent volunteers from any liability in connection with being transported by private vehicle.

6. As a member of the Club, the Player agrees to the following rules:
  - a. No use of intoxicating beverages or illegal drugs.
  - b. Avoid committing any unlawful acts or engaging in delinquent behavior.
  - c. The coaches have full discretion as to who shall participate and the level of participation.
  - d. Conduct on or off the field shall not bring discredit to Edmonds Lacrosse Club.
7. We certify that we had read and understand the Edmonds Lacrosse Club Code of Conduct.
8. We understand that the coaches and parent volunteers connected with the Club will assume no responsibility for accidents or medical, dental or other expenses incurred as a result of participation in the Club.
9. **In consideration of the right for the Player to participate in Edmonds Lacrosse Club, we hereby assume all risks associated with lacrosse, including the negligence of any coaches or parent volunteers and will hold Edmonds Lacrosse Club and its coaches or parent volunteers, sponsors and agents harmless from any all claims, demands, damages, liabilities, suits, actions and causes of action of whatsoever kind, nature or description, which may arise out of or in connection with the Player's participation in Edmonds Lacrosse Club or any activities arranged for the Player by or on behalf of the Club. We accept full responsibility for the cost of treatment for any injury suffered by the Player while taking part in Edmonds Lacrosse Club. The terms of this paragraph shall serve as a release and assumption of risk for the heirs, administrators and representatives of the undersigned and of our family members, including any minors.**

**Player:**

**Parent/Guardian:**

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

**MEDICAL INFORMATION**

Player's Name: \_\_\_\_\_

Last tetanus booster shot (month/year): \_\_\_\_\_

Medical Illnesses:  
\_\_\_\_\_  
\_\_\_\_\_

Medications:  
\_\_\_\_\_  
\_\_\_\_\_

Allergies:  
\_\_\_\_\_  
\_\_\_\_\_

Previous significant injuries:  
\_\_\_\_\_  
\_\_\_\_\_

Previous head, neck or back injuries:  
\_\_\_\_\_  
\_\_\_\_\_

Prior heat related problems:  
\_\_\_\_\_  
\_\_\_\_\_

Wears contact lenses while playing:    YES    NO

Braces or retainer:            YES    NO

Other:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Add additional page(s), if necessary**

## EMERGENCY INFORMATION

Player's Name: \_\_\_\_\_

Grade – 2018 Season: \_\_\_\_\_

Age on March 1, 2018: \_\_\_\_\_

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

Parent/Guardian Names(s): \_\_\_\_\_

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

Home telephone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

Mother's work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father's work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Persons to call if parent/guardian cannot be reached:

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

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

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

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

Preferences of  
physicians:

1. Name: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

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

Hospital preference: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Attach photocopy of insurance card**