

Vashon Lacrosse Club Medical Release Waiver

Participant Information:

First Name: _____ Last Name: _____

Street Address: _____ City: _____ ZIP: _____

Date of Birth: _____ Phone: _____

Participant Medical Information

Doctor's Name: _____ Doctor's Phone: _____

Insurance Name: _____ Insurance Phone: _____

Insurance ID: _____

Allergies or Special Needs: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Medical Consent

As the parent/legal guardian, I request that, in my absence, the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I agree to be responsible financially for the cost of such assistance and/or treatment.

Release of Liability and Authorization to Transport

As parent/legal guardian I certify that my child/ward is in good health and able to participate in Vashon Lacrosse Club programs and activities. In consideration for Vashon Lacrosse Club and its affiliates accepting the player named above ("Player") for the Programs, I hereby for myself, my child/ward, and our heirs, executors, administrators and personal representatives, release, discharge, waive, hold harmless and/or otherwise indemnify Vashon Lacrosse Club, its Board Members, agents, employees, coaches, managers, contractors, and other volunteers, affiliated organizations, sponsors, and their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, from any and all liability and/or claims by or on behalf of the Player as a results of the Player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Player Signature: _____ Date: _____

and, unless Player is over 18 years of age:

Guardian's Name: _____

Guardian's Signature: _____ Date: _____