

Team Name: _____

Date: _____

CONTACT INFORMATION

Player's Name: _____

Player's Age: _____ Player's Grade: _____ School Attended _____

Parent/Guardian Names: _____

Home Phone: _____ Cell: _____ Email: _____

Emergency Contacts (other than parent/guardian)

Name: _____ Relationship to Player: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to Player: _____

Home Phone: _____ Cell Phone: _____

Individuals allowed to check-out Player daily. Individuals must show identification (photo ID) before Player is released.

Name: _____ Name: _____

Name: _____ Name: _____

MEDICAL INFORMATION

Player's Doctor: _____ Phone: _____

Player's Dentist: _____ Phone: _____

List any pertinent health or medical information including all allergies.

_ List all medication currently taking including over-the-counter, non-prescription and prescription.

The undersigned, acting on behalf of ourselves and our child, and any heirs or assigns, hereby certifies that _____ [Player name] ("Player") has been cleared by a medical physician within the last year (within 365 days of the first day of this camp) to fully participate in athletic related activities. If, Player requires medical attention as a result of participation in said camp, we hereby give consent to authorize medical personnel present to provide such care as is deemed necessary by such authorized personnel and/or to seek additional emergency medical treatment.

We understand that there is a risk of injury during athletic participation, and we agree to disclose any injuries/illnesses to the camp medical/coaching staff. We also understand that Player will be removed from play to eliminate the risk of any injury and will not be able to resume participation until evaluated and cleared by a member of the camps athletic training staff who has experience with evaluating and managing athletic related injuries/illnesses.

Printed Name of the Player: _____

Signature of Player: _____

If the Player is a minor under the age of eighteen (18), signature of Parent or Guardian or Individual Acting as Guardian is required:

Signature of Parent or Guardian or Individual Acting as Guardian: _____

Great Falls Lacrosse Waiver

RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

In consideration for the Player being permitted to participate on a Great Falls Lacrosse Team, the undersigned, acting on behalf of ourselves and our child, and any heirs or assigns, hereby waive and release forever any and all rights for claims and damages we and/or our child/guardian may have against the Board of Directors for the Great Falls Lacrosse Club, its current and former Directors, officers, agents, employees, officers, agents and employees, from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which we or our child may have or which may hereafter accrue to our child, arising out of or related to any loss, damage, or personal injury (including, without limitation, death), that may be sustained by our child at any Activity, or to any property belonging to child, whether caused by negligence or carelessness on the part of the Board of Directors for the Great Falls Lacrosse Club, its current and former Directors, officers, agents, employees, or the Camp, and the Camp's owners, officers, agents and employees or otherwise, while our child is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

We accept, understand, and assume that there is a risk of injury in this Activity, due to the physical and athletic nature of the Activity, including, but not limited to, falls, contact with other participants, and running drills. The Player agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

We agree on behalf of ourselves, our Player, and any heirs or assigns to release, hold harmless, and indemnify the Board of Directors for the Great Falls Lacrosse Club, its current and former Directors, officers, agents, employees, or the Camp, and the Camp's owners, officers, agents and employees from and against any and all claims and liability or damages of any kind or nature whatsoever arising out of or relating to the Activity. This release, indemnification and hold harmless provision shall survive indefinitely.

Printed Name of the Player: _____

Signature of Player: _____

If the Player is a minor under the age of eighteen (18), signature of Parent or Guardian or Individual Acting as Guardian is required:

Signature of Parent or Guardian or Individual Acting as Guardian: _____

Address & Telephone Number:
