

**MEDICAL RELEASE FORM  
WESTERN LOUDOUN LACROSSE**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_ Phone(H): \_\_\_\_\_  
Phone(Cell): \_\_\_\_\_

Mother/Legal Guardian: \_\_\_\_\_ Phone(H): \_\_\_\_\_  
Phone(Cell): \_\_\_\_\_

Does your child take any medications or have any medical problems? Please Specify:

\_\_\_\_\_

As the parent/guardian of the above child, I do hereby grant permission for him/her to participate in all activities of the Western Loudoun Lacrosse sports program. I assume all risks and hazards incidental to league participation, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Western Loudoun Lacrosse Association and its Board Members/Directors, coaches, League officials, the Department of Parks, Recreation & Community Services, other players or parents, volunteers, and any other persons from any and all claims for damage or injury arising from any activities of this sports program. I further grant permission for emergency first aid to be given to the minor and for him/her to be taken to the emergency room of a nearby hospital in the event of serious injury. Permission is granted to the hospital and its staff to provide any treatment that a physician deems necessary for the well being of this minor.

Participant and parent/guardian agree to abide by the rules of play and Code of Conduct adopted by Western Loudoun Lacrosse and the Northern Virginia Youth Lacrosse League (NVYLL) as well as the Loudoun County (PRCS) Code of Conduct.

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_